

Mother and Child Care



*An evaluation of Lok Swasthya Parampara
(First Draft)*

*A Publication of
Lok Swasthya Parampara Samvardhan Samiti*

Community Health Cell
Library and Documentation Unit
BANGALORE

ACKNOWLEDGEMENT

This study is the result of the combined efforts of numerous individuals and organisations who are active in different parts of the country in the field of traditional medicines and practices.

Lok Swasthya Parampara Samvardhan Samiti (LSPSS)/ Centre for Health Education Training and Nutrition Awareness (CHETNA) have been entrusted the responsibility of co-ordinating the study at various levels which has culminated in a national level ~~convention~~ and the compilation and publication of related materials of the study.

We wish to acknowledge with appreciation the invaluable help rendered to us by the organisations which participated in this study and were responsible for its successful outcome. Their rich contribution helped significantly in the preparation of this draft.

Our special thanks go to the panel of Vaidyas from different regions of the country who were responsible for analysing and interpreting the findings.

They provided unstinting assistance and support during the study.

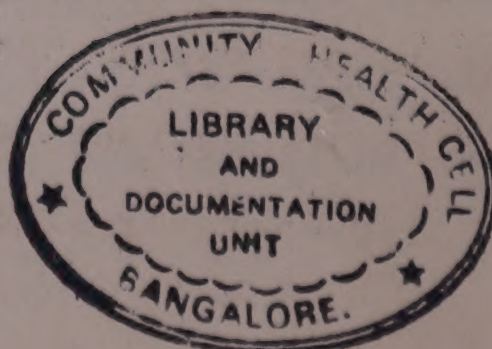
We would like to express our sincere thanks to numerous individuals and organisations who helped us directly or indirectly in preparing this report. Without their assistance it would have been difficult to complete this work. The illustrations accompanying this report have been inspired by the drawings of the women painters of Mithila, Bihar.

Finally, we wish to express our deep felt gratitude for the financial support extended to the study and workshop by the following institutions : MISEREOR, Ministry of Health and Family Welfare, CAPART and VHAI.

CAPART and VHAI.

LSPSS / CHETNA

DR 43
03981



PREFACE

The Lok Swasthya Parampara Samvardhan Samiti (LPSS) has taken up a programme for the revitalisation of Lok Swasthya Paramparas (Local Health Traditions) - in our view this is the realistic and desirable way to modernise our primary health care system. One major area of such care which is of great importance is the field of mother and child health. It is believed that there may be over 5,00,000 dais (traditional birth attendants) all over India - i.e., on an average nearly one Dai per village. More over this is perhaps the only area where there is some official awareness (if not recognition) of a practitioner of Lok Swasthya Paramparas. Various efforts to train and utilise the services of dais have been afoot in our country informally for over 50 years and formally through the efforts of the Health Ministry since the time of the Second Five Year Plan.

Considering the major importance of this area and the widespread prevalence of local health traditions in mother and child care the LSPSS has decided to hold a national convention on the theme of mother and child health in traditional medicine. To begin with it was felt that there is not enough hard data that has been recorded regarding the various local health traditions in this area. Also whatever little has been surveyed

has suffered from certain limitations of approach and perspective - the general approach has been to evaluate these traditions solely from the point of view of the modern western system of medicine. Hence it was decided that a survey would be undertaken by the LSPSS.

In 1987 it was decided that LSPSS and CHETNA (Centre for Health Education Training and Nutrition Awareness) would jointly sponsor an All India Survey. The objectives of this survey were -

- (1) To gather base line data regarding the various local health traditions in the area of mother and child health.
- (2) To evaluate the soundness of the practices from the perspective of Ayurveda.

It was felt that the above exercise would help us to identify the strength of the tradition, the areas of weaknesses where input is required from outside and to correct any distortions it may have.

The survey was structured in the form of an in depth interview based on a questionnaire which was in

three parts. Each part pertained to a specific area -

- (i) Ante-natal care of the pregnant women
- (ii) The practices of the dais and
- (iii) Post-natal care of the mother and the baby

The survey was taken up by 26 different agencies spread in 12 states all over India. The questionnaire were prepared in Hindi and various regional languages of the States. The questionnaire regarding ante-natal care has 25 respondents (pregnant women), the questionnaire regarding dais has 25 respondents (dais), and the questionnaire regarding post-natal care had 50 respondents (25 of these were mothers with children less than a year old and 25 respondents were women who had experienced several pregnancies). Thus 100 responses were obtained from each area and a total of 2600 women from across the country were interviewed.

The tabulated results of the survey were given for evaluation to 22 Vaidyas (all of them Ayurvedic Acharyas) from various parts of the country. They were requested to evaluate the practices from the point of view of Ayurveda and pronounce upon them by assigning each reply to one of the following categories :-

1. Sound and complete
2. Sound but incomplete
3. No basis for commenting on the practice
4. Harmful and potentially dangerous

We are aware that such an assessment can only be tentative since there can be a wide regional variation in practices and it may require a very intimate knowledge of various other aspects of the field group conditions before they can be evaluated. Hence a meeting was organised in February 1989 wherein representatives of the field groups who carried out the survey as well as the Acharyas who performed the evaluation got together for a detailed discussion on the data gathered. Some of the evaluations were modified in the light of these discussions and the data was summarised in a fresh format after the meeting.

This report is an edited compilation of the data gathered from the various field surveys and the over-all evaluation performed of these surveys. The subject matter of the survey has been classified into 27 broad subject categories. Under each subject category we have given the classical Ayurvedic approach, and then the responses obtained from the field groups have been listed.

These responses have been placed broadly in a few categories such as - sound practices, i.e., those which are supported by Ayurveda, unsound practices, i.e. those which are distorted or unsound from the view point of Ayurveda and some practices have also been identified about which further investigation needs to be undertaken. The appendices which have been listed after the main body of the report provide the other details and background material - the questionnaire used, the list of the groups that have performed the survey, the list of Acharyas who have done the evaluation and list of group of medicinal plants cited during the survey with the equivalent Botanical names.

It must be emphasised that this report is only in the nature of a draft - we feel much more discussion and detailed work must precede any evaluation of the local traditions and identification of their strengths and weaknesses in any rigorous sense. We welcome comments and suggestions from you on various aspects of this report.

Some of the salient points of the evaluation ;

1. Phyllanthus niruri has been found to be effective by the latest researches in jaundice. In the rural areas this is being commonly used. Like this many good examples can be quoted.
2. Distortions and dangerous practices may be there in ample number. What we believe as distortion today may become the truth tomorrow. At the same time it is essential to inform the TMA's about the accompanying dangers by their practices.
3. In the traditional practices and in Ayurveda, methods told for MCH care will lead to a better generation of people. So to say the science of "EUGENICS" has been dealt in great detail. If practiced in the correct "perspective" the urban people who have been so far deprived of this methodology can also derive unlimited benefits.
4. Major complications and minor difficulties that occurred in MCH care have not been recognised by the TMAs completely. When we know that TMA's are going to remain the bed rock of primary health care in our country, it is the need of the hour to give them re-orientation by experts of this field to the extent necessary.

5. Methodology of treating common ailments is quite simple, cheap, reliable, readily available, easy to prepare sans complications. This is to be encouraged. Vast herbal and non-herbal resources can be tapped. This will not be a burden to the secondary, tertiary health care centres situated in semi-urban, urban and metropolitan cities.
6. The rural people can recognise the nearby plants in their own manner and in their own language. For a person who wants to evaluate it, is not possible to be convergent with all the diletical variations. As a first priority identification of these vis-a-vis Botanical, famous hindi, english names is to be undertaken. The plants used by them, time of the collection of the drug, method of preparation, storage, time and method of administration, dosage, vehicle etc are to be taught to them by Ayurvedic subject experts.

CONCLUSION

It is humanly impossible to evaluate the literature present in rural areas in a short time. The traditional medical attendants (TMA) have been coming for the public since time immemorial. As the knowledge has been collected from such a long time, some of the points available with them have been neither mentioned in the

Ayurvedic classics nor scientifically evaluated. This work is only an honest attempt to attract the attention towards the rich treasure house of knowledge. If this work will encourage others to do further research we think that the efforts have been fruitful. We request you to write to us regarding the omissions and commissions. Any research reports that have been done and will be done can be kindly passed on to L.S.P.S.S. (Lok Swasthya Parampara Samvardhan Samithi, Pathanjali-puri, Via Thadagam, Coimbatore - 641 108).. We have a documentation centre - we will store the knowledge and bring out a second edition incorporating your valuable ideas at an early time.

INDEX

DISCUSSION

CHAPTER	TOPIC	PAGE
<u>PART I</u>		
<u>MANAGEMENT OF ANTENATAL PERIOD</u>		
1	Detection of pregnancy	01
2	Determination of sex of the child	05
3	Steps towards healthy progeny	07
4	Special desires of a pregnant woman	10
5	Diseases during pregnancy	13
6	Antenatal care	21
7	DOs and DONTs	30
8	Intra-Uterine Fetal death	36
9	Abortion and Family planning	39
<u>PART II</u>		
<u>MANAGEMENT OF DELIVERY</u>		
10	Diagnosis of Impending delivery	41
11	Detection of Labour pains	44
12	Management of Normal delivery	47
13	Breast feeding	59
<u>PART III</u>		
<u>MANAGEMENT OF POST-NATAL PERIOD</u>		
14	Management of Ante and Post Partum Bleeding	65
15	Post Partum care of the mother	67

CHAPTER	TOPIC	PAGE
<u>PART IV</u>		
<u>MANAGEMENT OF NEONATAL PERIOD</u>		
16	Examination of new born child	77
17	Care of new born child	82
18	Management of Abnormalities in new born child	87
<u>PART V</u>		
<u>CARE OF THE CHILD</u>		
19	Things used to clean the new born baby	89
20	Time to give water to the child	91
21	Massage and water used for bath to the baby	93
22	Toys for the child	97
23	Clothing for the child	99
24	Diseases of the Umbilicus	101
25	Management of diseases due to vitiated breast milk	103
26	Teething disorders	110
27	Diseases of the children	113
28	Causes of death of the child in different age-groups	135

ANNEXURES

1. A set of the three questionnaires
2. List of Agencies involved in MCH Survey
3. List of Vaidyas involved in evaluation of MCH Survey
4. List of some of the medicinal plants

DISCUSSION.

Chapter I. Garbha Nischaya

Local communities' knowledge is to be appreciated. The misconception like determining pregnancy by irregular menstrual cycle, from the size of breast, by observing yellowish discolouration of the body is to be corrected. All the communities do not know all the signs and symptoms. Their knowledge is to be supplemented.

Chapter II. Determination of Sex of the child

This is the field for specialists. Whatever information has been collected is generally correct.

Chapter III. Healthy pregnancy

Incomplete knowledge is there. This can be completed by orientation camps to the TMA by Ayurvedic experts. This is one of the areas where Ayurveda can contribute.

Chapter IV. Special Desires of a pregnant woman

Taking mud etc is to be discouraged. If it cannot be altogether discontinued, Geirik (red ochre) fried in ghee can be suggested. Depletion of the basic body constituents or other causes may exhibit these longings. So, the communities are to be given proper background. As a long term project the validity of Ayurvedic concept of longings vis-a-vis the baby becoming faithful, brutal

strong, sleepy etc. can be reascertained from a large sample of population coming under direct, intimate, constant contact with TMAs.

Chapter V. Management of Diseases during Pregnancy

It is not possible to give an exhaustive list of the procedures, drugs used in the diseases of the Enciente. What knowledge is available with the communities is correct but is to be supplemented with details of dose, time of administration etc. Traditions mentioned under the sub-heading local traditions not supported by Ayurveda. (a) Sometime delay prompt medical care eg. begging at 5 houses for night blindness. (b) Sometimes hazardous as excessive drug action is possible eg. use of Dantimula in constipation, (c) Sometimes prohibited in Ayurveda eg. washing the head in fever, (d) Sometimes therapeutically unsafe eg. eating mud from forest.

Traditions like wearing special garland may have some prabhava. It may be acting as a Ghreya medicine. Charaka is mentioning Virechana by smelling specially prepared medicines. Purgatives are indicated in Kamala as per Ayurveda. Whether this garland has this property or not or for that matter has any other mode of action or not cannot be commented upon, unless the botanical identity is unmasked. A good dialogue regarding diet etc.

also will be of mutual benefit to local communities and Ayurveda.

Chapter VI. Ante-natal care

Answers are incomplete. Monthwise diet prescribed in Ayurveda is to be taught. Information regarding highly recommendable and objectionable dietetic and extra-dietetic factors as per Ayurveda is to be given to the communities. This is one of the areas where good orientation programmes with audio visual methods can be arranged.

Chapter VII. Intra Uterine Fetal Death

Knowledge is lacking regarding causes, signs and symptoms of abnormal pregnancy. This is the area for secondary and tertiary health centres. Basic principles of identification, prevention, nature, extent, necessity or otherwise of immediate primary care is to be taught. Orientation regarding method of referring, time of referring to specialised health centres can be given.

Chapter VIII. Abortion and Family Planning.

Abortion, - data should become a taboo for the communities. They should be deducted about the accompanying life threatening dangers. Specialists' aid should be accessible to them when absolutely necessary.

Research is necessary regarding medicines/procedures used for family planning.

Chapter IX. Diagnosis of the Impending Delivery

Misconceptions like projection of Umblicus are to be corrected. Validity of the statements are to be rechecked with the community and misunderstandings if any are to be removed. It is imperative for the TMA to know about this chapter fully. Proper orientation camps are to be conducted.

Chapter X. Management of Normal Delivery

They have a good understanding of the subject. Cleanliness, hygeinic, procedural corrections are to be done where and when necessary. While mentioning reasons for even various right procedures that they are following, answers mentioned by some communities are clumsy. If good background is given then they can serve the society better.

While managing cuts and tears in the Vagina after delivery, they should know the time of necessity of specialist's interference.

Orientation camps are necessary, but they should not cause damage to the heriditary/traditional ingenious

knowledge and valueable long experience.

Chapter XI. Detection of Labour Pains

The answers given are correct. The information on three stages (a) "PRAJAYNI" (2) "UPASTHITA PRASAVA" and (3) "PRAJANAYISHYAMANA" and the accompanying features can be given to complete their knowledge.

Chapter XII. Breast Feeding

First breast milk (i.e., Peeyusha has pregnant meaning).

The controversy regarding the feeding of colostrum can be solved not by studying the physical and biochemical properties but by understanding its effect on the neonate's digestion (in view of it becoming termed as Guru.). Knowledge about breast feeding is adequate at the community level.

Chapter XIII. Management of Ante and Post partum bleeding.

Giving of decoction of Jeeraka in Ante Partum bleeding may be dangerous. Doing abdominal massage is hazardous in placenta previa. Their way of management needs to be improved upon.

Chapter XIV.

Post Partum Care

Post Partum Care of Mother.

The answers given by the communities regarding vaginal dhoopana, oil massage are partly correct. Information about method, duration of massage, unctuous substances used for massage bathing, powders can be given and lacunae filled up.

Chapter XV.

Examination of New Born

They have rudimentary knowledge about this. The inadequacies are to be rectified. A specialised examination for knowing the baby's life span has been given in Ayurvedic classics. Communities can be taught about this by subject experts.

Chapter XVI.

Care of the New born baby

Communities have knowledge. The practice of branding the new born with red hot needle to make it cry is to be analysed. Resuscitation techniques are to be taught to them.

Chapter XIX. Time to give water to the child

Classically time of first dose of water, frequency, quantum of water has been silently dealt. But child should not be deprived of water. "JALAM ASWASAKARAANAAM" is the dictum. So, boiled, cooled and filtered water is to be given when the child feels thirsty. Thirst can be inferred by excessive intake of breast feed, lack of satiety, crying, drying of lips and palate, liking for water. Under these circumstances water should not be prohibited. So water can be given as per necessity, communities have adequate knowledge about this topic.

Chapter XX. Massage and water used for bath to the baby.

Education regarding seasonal variation of oils preparative, operative, post operative proceedings of massage, contra indications for massage by Panchakarma experts will add more merit to their traditional wisdom.

Chapter XXI. Toys

Toys made of mud, covered with harmful colours are to be discarded. Leaving the tribal people aside, we feel the most of the elite of urban areas also requires (a) basic knowledge (b) easy accessibility to the GRAHYA KREEDANAKA.

Chapter XXII. Clothing

Washing the cloths with soap and use of clean cloths also has been reported. Fumigation (Dhoopana) by easily available substances like linseed, acorus calamus, barley, mustard can be taught to the people not knowing the technique. Drying the cloths in sun after wash will be the cheapest, effective and easiest method.

Chapter XXIII. Diseases of Umblicus

Prevention of these is to be taught. Knowledge about management after occurrence is superficial. For eg. ash has been used unless details of plants used for making ash, storage and nature of umbilical diseases it is difficult to comment on. Similarly there are many areas for Interaction between Traditional experience and Ayurveda.

Chapter XXIV. Diseases due to vitiated breast milk and its management

Knowledge regarding examination of breast milk and management of diseases occurring by its impurities, method of increasing the quality and quantity of breast milk by Calacto purifying and Galactagogue group of medicines is inadequate.

Chapter XXV. Teething Disorders

There is no disease which may not be seen during eruption of teeth. Similies have been given to the s verity and extent of diseases occuring during "Prusta Bhanga" of cat and SHIKODGAMA of peacock, Teething acts as a stress phenomenon and a precopitating factor for many diseases. These should be treated as per doshic predominance.

Communities need a good education as these usually subside after the dentition.

Any way during any diseases of the child it should be watched for group of incurable symptoms enumerated in Kasyapa Samhita Vedana Adhyaya.

Chapter XXVI. Management of diseases of Children

"KRITSNO LOKE HE BUDDHIMATAMACHARYAHA"

For the wise and whole universe is the teacher "AVIPA GOPAASCHAPI BHESHAJA VYAKTIRISHYATE" shepherds and cowherds also known about the identity etc of the drugs. Their knowledge and experience is invaluable to the Vaidya. Such being the case, whatever drugs have been used by them should be taken as "ABHYVPAGAMA SIDDANTA" (Hypothesis). It should be exposed to the validity of reasoning and research. Then only "SARVATANTRA SIDDANTA" (Universally acceptable conclusions) can be arrived at.

TMA's have a rich source of therapeutic armamentarium. What has been done in this edition is to try if these have been mentioned or have support of classics and arrive at "ABHYVPAGAMA SIDDANTA" only. For eg. filling HING etc drugs into the nails have been reported. To tell whether there is classical support or not for this is itself difficult. In helping the process of EMESIS, and preventing of PURGATION during "VAMANA" sprinkling the feet with cold water and sprinkling the upper body (hands) with hot water has been advised by Vagbhat (A.S. Su. 27) Indu has elaborated on this. When this type of increasing the peripheral circulation in the level of hands and decreasing the peripheral circulation at the level of hands? or for some other reason, this procedure of sprinkling water can help emesis, why not filling of various drugs into the nails should be given an unbiased trial on large number of cases. So, evaluators comments as unsound or sound should be taken as a hypothesis.

Ginger has been taken by the local communities. Nadakarini has mentioned its uses in cold, cough, Asthma. He has not mentioned about whooping cough. Whooping cough has not been told by Charak, Sustruta, Vagbhata by that name. So looking at the symptoms of whooping cough, it can be classified under one variety of Vataja Kasa. So, to tell whether use of ginger in whooping

cough is classificaly supported or not can be debated upon. Whether it is sufficient in curing/relieving whooping cough is the next question. Then whatever is the outcome of class room debate it should be substituted by exhaustive clinical trials.

EAR INFECTIONS : Various juices, prepared and unprepared oils have been used by local communities. Without knowing the concurrent conditions, to say whether they are classical or unclassical will be a hasty generalisation. Then the method of Karnapoorana is very sound and scientific in Ayurveda. Time, indication contradiations of these methods can be taught to them if they do not know properly. If cotton, drapper are used they should be clean.

Communities have mentioned drugs available in theirs areas. This practice in sound (YASYA DESASYA YO JANTUHU TASYA TAJJA BHESHAJAM HITAM). While giving an Ayurvedic approach it is not obligatory that, regimen alone should be followed.

Another finding is that the communities residing in the near vicinity of health centres are referring the cases to them. This is a healthy and unhealthy trend at the same time. By referring they are allowing a

specialised care to be given, in needy and not so needy cases. It is unhealthy (1) as more burden will be put on health centres, at least in some already over burdened centres and (2) as their knowledge is about various things is lost once for all due to disuse atrophy. So proper orientation, strengthening of the already present knowledge is necessary.

Chapter XXVII. Death of the baby in different age groups and reasons.

Arista Laxanas have been described in Ayurveda. They are the necessary precursors to Death. It is very interesting to note that a community has reported the changes in the colour of the baby before death i.e. half of the baby white and half of the baby black.

If better education about Aristas is given to them, they can no doubt be torch bearers of knowledge and shackle-breakers of ill health.



Conception

PART I

MANAGEMENT OF ANTE-NATAL PERIOD

CHAPTER 1

DETECTION OF PREGNANCY

I. CLASSICAL APPROACH IN AYURVEDA

Ayurveda has given certain signs and symptoms which help in detecting early pregnancy even before Amenorrhoea. These symptoms can be observed by the pregnant woman only. They can be grouped under Sadyogrihita Lakshanani.

I.1 Signs and symptoms seen immediately following conception

1. Excessive salivation
2. Feeling of heaviness in the body
3. Tiredness
4. Cardiac palpitations/Hridaye Vyatha
5. Satisfaction after intercourse
6. Retention of semen in the vagina
7. Dizziness
8. Thirst
9. Heaviness/looseness in thighs
10. Throbbing sensation in the vagina
11. Goose pimples

After cessation of periods, the following signs/symptoms are given to detect pregnancy.

I.2 The signs and symptoms seen in the later months of pregnancy (Vtakta Garbha Lakshanani)

1. Excessive salivation
2. Dislike of food
3. Vomitting
4. Anorexia
5. Craving for sour substances

6. Alternate desires and dislikes for items
7. Heaviness of body
8. Secretion in breast
9. Blackening of lips and areola
10. Slight oedema of feet
11. Development of hairs
12. Pulsating feeling in vagina
13. Dropping of eye lids
14. Vomitting without apparent cause
15. Aversion to good smells
16. Tiredness
17. Heaviness of abdomen
18. Sleepiness
19. Yawning
20. Foetal movements

I.3 References

1. C. S. Sa - 2/23
2. Su. S. Sa - 3/10
3. As. Can. Sa - 2/8
4. As. H. Sa - 1/37/38

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

The following signs and symptoms to diagnose pregnancy are observed in local communities reported by different field groups :

1. Amenorrhoea (LSMP, JM-MRA, MAHARASHTRA, VGK-KRA, KARNATAKA, PPST-TN, GS-UP, MJK-BHR, CINI-WB, WEST BENGAL, CRDP-WB, SEWA, SHJA-KRA).
2. Vomitting (LS-MP, AVR-TN, VGK-KRA, SEWA, SHJA-KRA, PPST-TN, AS-UP, MJK-BHR).
3. Lethargy (LS-MP).

4. Giddiness (ADS-MRA).
5. Anorexia (ADS-MRA, CRDP-WB, SEWA, GS-UP, PPST-TN).
6. Dizziness (AVR-TN)
7. Tiredness (AVR-TN, CRDP-WB)
8. Salivary secretion (AVR-TN, SEWA)
9. Enlarged abdomen (AVR-TN)
10. Foetal movement (VGK-KRA)
11. Pigmentation around nipple (CRDP-WB)
12. Excessive liking for sour things (SEWA, PPST-TN)
13. Milky secretion of the breast (SEWA)
14. Slight oedema on feet (SEWA)
15. Development of striations in the abdomen (SEWA)
16. Increase in size of genital organs (SEWA)
17. Nausea (SHJA-KRA, GS-UP, MJK-BHR, VGK-KRA)
18. By movement of foetus (PPST-TN)

II.2 Local traditions not supported by Ayurveda.

1. VGK-KRA reports that irregularity in menstrual cycle is a sign of pregnancy
2. CINI-WB reports determining the pregnancy from the size of breast
3. SSS-MP reports that yellowish discolouration of the body will assist in determining the diagnosis of pregnancy.

III. CONCLUSION

1. Reasonable level of knowledge

On the whole there exists a reasonable level of knowledge in local health traditions about the diagnosis of pregnancy but they do not cover all the signs and symptoms mentioned in the class. For example, symptoms observed immediately after conception are not mentioned; however the questionnaire also does not specifically seek the information.

2. The signs and symptoms seen immediately after conception are to be taught to the local practitioner of MCH.
3. The field groups observations denote that they do not cover all the signs and symptoms mentioned in the classics.
4. On the whole there exists a reasonable level of knowledge in local health tradition about the diagnosis of pregnancy

2. STEPS TOWARDS HEALTH PROGENY

TECHNIQUE TO GET DESIRED CHILD, SEX, COLOUR, ETC.

I. CLASSICAL APPROACH IN AYURVEDA

According to Ayurveda a pregnancy should be planned one. Even before intercourse a ritual called 'Garbhadhan Vidhi' is performed. To get a child of desired sex, colour, good health, etc. the following factors play an important role. The days of conception, the person the woman sees after taking head bath on the fifth day, the amount of sexual restraint exercised by both partners the previous months, the amount of faith between the partners, the rigidity with which rules of intercourse and also the regimen to be followed before and after the intercourse are adhered to, etc.

I.1. The effect of mother's psychology on the fetus

1. The woman should think of the type of country in accordance with the quality she wants in the child.
2. The woman desirous of having the child resembling the persons of any specific community/country should use diet, mode of life, behaviour and garments identical to those of that very country and also the same methods as practised by them.
3. She should practise similar behaviour in terms of faith, hearing, truth, honesty, humanity, charity, compassion, politeness or courtesy as she wishes to be the nature of her child.
4. Certain medications/regimen are also suggested to have a child of desired sex.

I.2 References

1. C. S. Sa - 8/19
2. Su. S. Sa - 2/32
3. As. San. Sa - 1/61
4. As. H. Sa - 1/38, 39, 40, 41, 42, 43

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. SEWA reports that they go to the local BHUVA (Traditional Attendant) and perform certain ceremonies to get a child of the desired qualities. AG-MRA also reports the same.
2. Worshipping the deities and having faith in God (VSK-UP).

II.2 Local traditions not supported by Ayurveda

1. Bathing behind the house (VSK-UP).

III. CONCLUSION

1. The community is not aware of the medications of Punsavana as per texts.
2. There are some local healers (TMA) who have this knowledge but are reluctant to part with it.
3. If a learned physician or health practitioner does the Punsavana prayoga properly, the desired child is sure to result.
4. The incomplete knowledge may be hazardous.
5. This calls for a research into the LHTs practised by the local healers - TMA.

3. DETERMINATION OF THE SEX OF CHILD.

I. CLASSICAL APPROACH IN AYURVEDA

In the classics there are signs and symptoms to determine the sex of the child. Male and female children give rise to different and apparent signs and symptoms.

The following observations indicate that the pregnant woman may deliver a female child. If the observations are opposite the pregnant woman may deliver a male child and if a combination of both, the child may be hermaphrodite.

I.1 Indication of a female child

1. Increased activity of body parts on the left side
2. Desire to have association with articles bearing feminine names
3. Possessing of feminine habits and behaviour
4. Foetus is more towards the left in the abdomen
5. Milk secretion appears first on the left side
6. Left eye feels more heavy
7. The woman walks lifting her left leg first
8. The shape of abdomen is oval

According to Ayurveda the fertile period is of 12 days after completion of menstruation, which is normally a 4 day period. If conception takes place on even days after menstruation, the child would be male and if on odd days, a female child would result. First 3 days of menstruation and 11th and 13th day are contraindicated for coitus.

I.2 REFERENCE

1. C. S. Sa - 2/84
2. Su. S. SA - 3/20
3. As. San. Sa - 2/36

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Bulging of the abdomen on the right shows the child is male (LS-MP, ADS-MRA, HIRDA-ORSA)
2. Milk appearing first in left breast shows the child is female (HIRDA-ORSA)
3. Left sided movements shows female child (HRDA-ORSA, CINI-wB)
4. If the left breast is big it means a female child (CINI-wB)

II.2 Local tradition not supported by Ayurveda

1. If there is pain in the left leg it is a male child otherwise a female child (CINI-wB)
2. If the foetal movements are in the fourth month a male child may be born and if in the fifth month foetal movements are felt, it will be a female child (VGK-KRA)
3. Emaciation of mother and oval shape of uterus are suggestive of a male child (LS-MP, ADS-MRA)
4. With a male child there is more vomiting and with a female child there is no vomiting (PPST-TN)
5. Female child is on left side. Male child is on right side (PPST-TN)

II.3 Local traditions which should be studied further

SEWA reports that if conception has taken place on new moon day the foetus may be female and conception on full moon day results in male child.

III. CONCLUSION

1. This technique belongs to super specialists of the subject. If the technique is known to the public there is a chance of their opting for abortion especially if the child is not of the sex that the parents desire
2. By an over all look, the observations of local communities are healthy about sex determination.

CHAPTER IV

SPECIAL DESIRES OF A PREGNANT WOMAN

I. CLASSICAL APPROACH IN AYURVEDA

The woman possessing two hearts (one of her own and the other of the foetus) is called as douhridini. The period of douhrida and specific desires during this period have been described elaborately depending upon the probable characters of the child. In the fourth month of pregnancy all parts and organs become still more distinct. The heart is now ready to perform all vital functions. The Chetna manifests itself. Because the heart is the site of chetna the foetus exhibits a desire for various objects which express themselves as longings by the pregnant woman. Her desires therefore should be satisfied. If these desires are satisfied the son becomes brave and strong and lives long. If the desires are not satisfied the baby may become abnormal eg. dwarfism. To avoid such abnormalities the desires of pregnant women should be fulfilled, if those desires are harmless. Even if they are harmful, they should be made harmless by YUKTI and given in moderation. Whatever is lacking in the body may also be expressed in the form of desire for the same article or articles with similar properties.

I.1 Special desires and the Indriya

If the woman's desire involves a specific indriya the result (good or bad) may be related to the corresponding indriya. Some examples are given below to show the relationship between the desire and the character of the child.

1. The woman who desires to see a king has a son who becomes prosperous and with good character
2. When the woman is interested in ornaments and clothing, she gives birth to a son who adorns himself
3. If there is a desire to see the image of a deity the baby becomes faithful
4. If there is a desire to see savagery, the baby will become brutal
5. Desire to eat meat means the baby becomes strong
6. Desire to eat cow's flesh means the baby becomes sleepy
7. Desire to eat buffalo's flesh means the baby becomes brave and hairy with red eyes
8. Desire to eat pig's flesh means the baby becomes dreamy and brave

I.2 References

1. Su. S. SA. 3/16, 17, 34 - 10/2, 3
2. As. San. Sa 2/58, - 3/14, 3-13
3. As. H. Sa. - 1/44 - 48, 58, 63, 64

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Curds (JM-MRA, SEWA)
2. Sour foods, raw mangoes, sour greens (Hibucus raunabines), grapes (PPST-TN)
3. Sour and sweet foods (VSK-UP, SEWA)
4. Things like nutmeg, cardamom, etc (VSK-UP)
5. Boiled rice (AVR-TN)
6. Ripe mangoes (SWDF-GJT)

- II.2 Local traditions not supported by Ayurveda
1. Mud (most of the field groups reported it)
(PPST-TN)
 2. Charcoal (SHJA-KRA)
 3. Clay (SEWA)
 4. Day time sleep (VSK-UP)
 5. Ash (PRAYOG-MP, CINI-WB, PPST-TN)
 6. Raw rice (CINI-WB)
 7. Brick (SEWA)
 8. Salt (SHJA-KRA)
 9. Pungent foods (SHJA-KRA, PPST-TN, SEWA)

II.3 Suggestion

It is natural that a pregnant woman will have special desires especially for sour and heavy foods. To meet such conditions the following alternatives can be used.

For salt	Rock salt can be used
sour	emblica fruits
pungent	ginger + lemon juice
charcoal and ash	mashi of amalaki
clay, mud and brick	Gairika (red ochre) with
	ghee cooked tuber which have
raw rice	similar properties

III. CONCLUSION

The reports reveal that the Ayurvedic concept is some what known to them. Taking of mud etc should be seriously taken into account and the above said alternatives must be used.



Pregnancy

CHAPTER V

TREATMENT OF DISEASES DURING PREGNANCY

I. CLASSICAL APPROACH IN AYURVEDA

The diseases of a pregnant woman should be treated with the use of soft, sweet, cold, pleasing and gentle drugs, dietetics and behaviour. She should not be given emetics and purgatives, blood letting should not be done.

Asthapan and Anuvasan bastis (enemas) should not be used frequently. However if the disorder is acute, moderate use of these can be made.

After the attainment of eight month the diseases curable by emetics etc should be treated urgently. Using procedure which give similar results eg. instead of emetics, drugs causing spitting can be used.

If at all emetics etc are used (in emergencies) the treatment should be followed by sweet and sour edibles mixed with carminative drugs. All the pacifying drugs should be soft and given with food or drinks.

I.1 Some of the medications which can be administered in the common ailments of a pregnant woman

1. Body pain and joint pain: Dhanwantra taila, Sahacharadi taila, vishgarbha taila etc can be used
2. Dizziness: The suggestive medicine is swarasa of SHATAVARI (Asparagus racemosus). Dizziness may occur even in other diseases like anaemia, toxemia etc. Hence it needs appropriate investigations and adequate treatment.

3. General debility: Here the suggestive medicine is ksheerapaka of Ashwagandha (with ania somnifera). Milk alone is also suggested
4. Vomiting: Laja (Paped paddy) with honey can be administered. The other diseases where vomiting is a symptom should also be considered.
5. Swelling: Swarasa of Punarnava (*Boerhavia diffusa*) is suggested
6. Night blindness: Agasti (*Agathi grandiflora*) flowers can be used. Nutritive diet also should be given, like egg, milk, carrot, cabbage, etc.
7. Worms: Vidanga (*Embelia ribes*) 3 grams with honey is the suggested medicine
8. Constipation: Draksha (*Vitis vinifera*) and dry rose bud can be administered
9. Diarrhoea: A decoction of Bilwa (*Aegle marmelos*), Musta (*Cyperus rotundus*), Dhanyaka (*Corriandrum Sativum*) and Jeeraka (*Cumin cimum*) can be used
10. Fever: A decoction of Musta (*Cyperus rotundus*) Parpataka (*Mollungo pentaphylla*), Chandana (*Santalum album*) and Sunti (*Zingiber officinalis*).
11. Jaundice: Bhoomyamalaki (*Phyllanthus niruri*) Swarasa with honey and sugar can be given. Or Guduchi (*Tinospora cordifolia*), Katuki (*Pipcrorrhiza kurrpa*) Chirata (*Swertia Chirata*) and Daruharidra (*Berberis aristata*) are made into decoction and given.
12. Measles: A decoction of nimba (*Melia azadiracta*), Dhanyaka (*Corriandrum sativum*), Guduchi (*Tinospora Cardifolia*) and Patola (*Trichosanthus dioica*) can be administered.
13. Itching in vulva: A paste made of Haridra (*Curcuma longa*), Nimba (*Melia azadiracta*) and Chandana (*Santalum album*) is applied twice daily.

14. Excessive vaginal discharge: Here the cause should be investigated and proper treatment should be given. Flowers of silk cotton tree (*Bombax malabaricum*) fried in ghee with sugar should be taken early in the morning
15. Abdominal pain: Avoid the causative factors. Here the suggested medicine is a decoction of Yashtimadhu (*Glycyrrhizaglabra*), Sunthi (*Zingiber officinale*) and Devadaru (*Cedrus deodara*)
16. Headache: A paste of milk with Dhanyaka (*Corriander Sativum*) is applied externally
17. Insomnia: Milk of buffalo can be given.

I.2 Reference:

Recommendations of Allandi workshop.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Body pain and joint pain

- A. The powdered ginger and Jayphal are mixed with tails and a wet bandage of cloth is made (VSK-UP)
- B. Fomentation should be done by boiling Ajavayin in water (VSK-UP)
- C. Warm water bath (FOM-KLA, VGK-KRA, SHJA-KRA, PPST-TN)
- D. Castor Oil is applied over the parts (AVR-TN)
- E. Apply mustard oil over the parts (HIRDA-ORSA, CINI-WB)
- F. Warm water bath with Sigru (*Morringa oleifera*) leaf (SDF-GJT)
- G. Hot water bath and massage (PPST-TN)

2. Dizziness

- A. Dhanyaka (*Corriandrum sativum*) powder with sugar is given orally (VSK-UP, PPST-TN)
- B. Kodaji and sugar made into a powder and mixed with ghee is given orally in the morning (VSK-UP)
- C. Tulasi (*Ocimum sanctum*) Swarasa with sugar is given orally (VSK-UP)
- D. Fruits and milk is given as a prevention (VSK-UP)
- E. Lemon (*Citrus acida*) juice (AVR-TN, PPST-TN, SHJA-KRA)
- F. Ginger (*Zingiber Officianale*) juice (AVR-TN, PPST-TN), ginger chutney
- G. Decoction of Aniseeds (PPST-TN)

3. Weakness Panduroga - Anaemia

- A. Fine powder of Badam mixed with milk is given (VSK-UP)
- B. Ghee, milk, fruits and energy giving foods are given (VSK-UP, AVR-TN, SWDF-GJT)
- C. Eat sweets (JM-MRA)
- D. Drink tender coconut water (HOM-KLA)

4. Night blindness

- A. Eat plenty of green leafy vegetables (HOM-KLA, CRDP-WB, SHJA-KRA)

5. Diarrhoea

- A. Drink boiled and cooled water with sugar and salt in appropriate doses (HOM-KLA, AVR-TN)
- B. Milk boiled-garlic (PPST-TN)
- C. Butter milk rice and chillies/greens avoided (PPST-TN)

6. Fever

- A. Drink kashaya of Tulasi, pepper, pippali (piper longum) and ginger (HOM-KLA)
- B. Take dry ginger kashayam (AVR-TN)
- C. Decoction of pepper (PPST-TN)

7. Jaundice

- A. Drink the juice of Bhoomyamalaki (Pmyllanthus niruri) with milk (HOM-KLA, AVR-TN, SHJA-KRA, PPST-TN)
- B. Ghrita Kumari (Aloe vera) and Misi (HIRDA-ORSA)
- C. Leaves of Brivgarvaja and Bhookalaki (PPST-TN)

8. Itching in vulva

- A. Wash with salt water (HOM-KLA, AVR-TN)
- B. Apply ghee (HRDA-ORSA)
- C. Hot water wash (PPST-TN)
- D. Wash with Haritaka Decoction (PPST-TN)

9. Burning sensation during a micturition

- A. Drink barley water (HOM-KLA)
- B. Take Gokshura (Tribulus terrestris) kashaya (HIRDA-ORSA)

10. Headache

- A. Paste of tender coconut and breast milk is applied on the forehead (HOM-KLA, AVR-TN)

11. Vomiting and morning sickness

- A. Take lemon juice (AVR-TN, HIRDA-ORSA, SHJA-KRA)
- B. Take betel leaf-stalk (CINI-WB)
- C. Pickle of mint leaves and ginger (PPST-TN)
- D. Thirvatodhi leaves (PPST-TN)
- E. Decoction of Cardamom and ani seeds

12. Worm infestation

- A. Kashaya of *Cardiospermum helicacabum* is given orally (AVR-TN, SHJA-KRA)

13. Constipation

- A. Add more green leafy vegetables in diet (AVR-TN, CINI-WB, PPST-TN)
B. Plantains (PPST-TN)

14. Pain in abdomen

- A. Kashya of Corriander is given orally (AVR-TN, SHJA-KRA)
B. Decoction of surti palmiaggerej (PPST-TN)
C. Apply coconut or castor oil (PPST-TN)

15. Insomnia

- A. Take more milk in the night (AVR-TN)
B. Apply lime juice on head (PPST-TN)
C. Apply oil on head (PPST-TN)

16. Excessive vaginal discharge

- A. Take kashaya of Salmali (*Bombax malabaricum*)
B. Ashoka (*Saraca indica*) bark kashaya is given orally (SHJA-KRA)
C. Decoction of amiseeds and coconut (PPST-TN)

II.2 Local traditions not supported by Ayurveda

1. Body pain: Rub in kerosene in the joints (PPST-TN)
2. Dizziness: The juice of onion is instilled in the nostrils to get relief from dizziness (VSK-UP). Mud from forest is eaten (JM-MRA). Oil bath is taken (CINI-WB)
3. Night blindness: Begging at 5 houses (ADS-MRA)
It is harmful because it may delay proper management

4. Measles: Juice of onion and jaggery is taken orally (HOM-KLA). Neem leaves are taken (AVR-TN)
5. Burning micturition: Intake of Tulasi juice (HOM-KLA)
6. Headache: Paste of onion and Tulasi is applied over the forehead (HOM-KLA). Ginger paste application over the forehead (SHJA-KRA)
7. Swelling: Leaf of Ashwagandha (*Withania somnifera*) is made into a paste and applied over the forehead (AVR-TN).
8. Diarrhoea: Taking ragi powder with coconut oil (AVR-TN). Taking more curd (AVR-TN, CRDP-WB) Taking lemon juice (CINI-WB). Taking vegetables (CRDP-WB)
9. Excessive bleeding: Is managed by taking raw rice, onion and cumin seeds mixed together (AVR-TN)
10. Constipation: Usage of Danti moola is harmful (HRDA-ORSA)
11. Fever: washing the head (CINI-WB, CRDP-WB), waving neem leaves over the body (SEWA)
12. Convulsions: Pouring of cold water on forehead (CRDP-WB)
13. Worm infestation: Coconut oil is given orally (SWDP-GJT)
14. Itching in vulva: Application of Methi seeds ground with water (SHJA-KRA)

II.3 Local traditions which need further study

1. Swelling - They take gilka (*Luffa* sp.) vegetables (JM-MRA)
2. Nightblindness - The feces of rabbit is soaked in milk and made into a paste then applied over both eyes (AVR-TN)

3. Jaundice - They (CINI-WB) wear a special garland. The details of garland, time of wearing and the other details should be collected and studied
4. Measles - They (SHJA-KRA) take a mixture of banana and cool foods or juice from the stem of plantain.
5. Excessive vaginal discharge - Decoction of aniseeds and coconut - leaves of Bhoomalati (PPST-TN)

III. CONCLUSION

1. Most of the treatments adopted by the local communities are acceptable
2. It is hard to classify their medications. As per Ayurved, details of the causative factor, the degree or intensity of ailment, doshas, dushyas etc is to be elicited before giving a treatment. The treatment classified here is hence not the cure.
3. From all the field groups' reports it is clear that for some common diseases like fever, headache jaundice etc there are acceptable as well as hazardous practices like rubbing kerosene
4. It is very interesting to note that all the available reports suggest Bhoomyamalaki juice is given for jaundice.
5. Diseases which are not common to them are treated in the health centres
6. If the conditions cannot be managed by them, they go to the nearby health centre.



Ante-natal Care

CHAPTER 6

ANTENATAL CARE

I. CLASSICAL APPROACH IN AYURVEDA

Introduction

The mother's diet contains all the rasas I.e. sweet, sour, salty, bitter, pungent, astringent) as the rasa (produced after digestion) derived from this diet gives strength and complexion to the fetus. The fetus derives its sustenance from this rasa, remains alive and develops in the uterus.

Hence proper foods and activities, to avoid derangement of dosas and to have a healthy child, should be taken. Ayurvedic texts have mentioned a detailed diet and regimen throughout the nine months. If a pregnant woman follows this pattern or regimen through nine months, the health, strength, nutrition and complexion of mother and child is maintained. The mother does not have urinary or defecating problems. Her pelvis, organs, abdomen, back and skin and nails become soft and delivery takes place without difficulty.

I.1 GARBHINI PARICHARYA IN TERMS OF FETAL GROWTH

1. Fetal growth in first month

The life principle divides the fertilised ovum into groups of cells depending on the number of bony somatomes. In the first month, the embryo is a soft small mass of cells and is known as Kalala. It is termed as kalala as all the tissues are amalgamated in it. The various organs and parts are not differentiated.

Its appearance in different days are also described :

- a. Kalala i.e. a mass of cells upto 24 hours after conception
- b. Budbuda i.e. a bubble. From 24 hours after conception till 7 days the embryo resembles a bubble
- c. Pinda, from 7 to 14 days the embryo assumes a definite round shape
- d. Kathina, from 14 to 28 days the embryo becomes slightly harder as compared with the previous stages.

1.1 Regimen for the first month

1.2 Diet

In the first month, the pregnant woman should take non medicated sweet, cold milk at regular intervals and her routine diet in the morning and evening.

For the first twelve days she should take ghee extracted from milk and medicated with shraliparni and palasha.

Water boiled with gold or silver and then cooled should be taken.

1.3 Medication

Either of the three - madhuyasti (liquorice), parushaka and madhuk pushpa should be taken with butter and honey followed by sweetened milk at frequent intervals.

2. Fetal growth in second month

In the second month, the five elements namely earth, water, energy, air and space, come together and the embryo becomes more solid as compared with the first month. The mass of cells becomes a compact ball, if the child is to become a male. It is moulded like a peshi (muscle),

if the child is to become a female. It becomes irregular in shape like a tumor i.e. Arbuda, if the child is going to be a hermaphrodite.

2.1 Regimen for the second month

2.2 Diet

In this month, milk medicated with sweet drugs (madhur gana) e.g. shatavari, yastimadhu, jeevanti, etc should be taken or sweetened milk boiled with kakoli should be taken.

2.3 Medication

A paste of mrunal, nagakeshar, tagar kamal, bilva and camphor prepared in goats milk should be taken.

MADHUR DRUGS

Parushaka, Bala, Nagbala, Prushnapparni
Pruthakparni, Jeevanti, Madhuka, Draksha, Ikshu
Madhuka, Bimbi, Vidari, Kashmari, Gokshuva

3. Fetal growth in third month

In the third month, all the indriyas and body parts become apparent or five buds, one for head and four for upper and lower extremities develop. In this month, the embryo is capable of feeling sorrow or happiness and starts quivering.

3.1 Regimen for the third month

3.2 Diet

Sweet, cold and liquid food items, milk with rice should be taken. Milk with honey and ghee should be taken.

3.3 Medication

A decoction made from vrukshadani ksheer kakoli, priyangu, utpal and sariva should be taken.

During the first trimester of pregnancy women experiences nausea and vomiting and they cannot take a proper diet. Use of cold, sweet, liquid diet and milk, supplements the water loss and provides nourishment to the fetus. Madhur drugs being bruhaneeya are good for the health of mother and fetus.

4.1 Regimen in the fourth month

4.2 Diet

Milk with an ounce of butter prepared from milk and rice with curds should be taken. The pregnant woman should eat the food which she desires and which includes milk and butter.

She should eat meat of wild animals (in the form of soup).

4.3 Medication

Decoction made from ananta sariva, rasna, bharangi and glycerrhiza or a paste of root of banana, utpal and valak in cow's milk should be taken.

From fourth month onwards, the muscular tissue in the fetus grows. The meat soup suggested here supplements this growth.

5. Fetal growth in fifth month

In this month, blood and muscles grow rapidly and hence the mother experiences weakness and heaviness of the body (abdomen). All the faculties of mind develop further and consciousness is manifested. The spine becomes prominent.

5.1 Regimen in the fifth month

5.2 Diet

Milk with ghee or rice should be consumed. Meat of wild animals cooked in different varieties must be taken along with desirous food.

5.3 Medications

Decoction made from Bruhati, kashmari and outer bark of ksheeri vruksha such as Banyan, peepal should be taken.

Paste of pomegranate leaves and sandalwood in curds and honey should be taken. Paste of nilotpai, mrunal, renuk beej, nakseshar and padmak in water should be taken.

These drugs are cooling and nourishing. They are stambhak and hence helpful in proper nourishment of mother and child.

6. Fetal growth in sixth month

In this month the intellect, face, nose, eyes, ears, complexion, hair, nails, bones, tendons and blood vessels become apparent. Because of rapid increase in strength and lustre in the fetus, the pregnant woman suffers from loss of strength and lustre.

6.1 Regimen in the sixth month6.2 Diet

In this month, milk and ghee medicated with madhur gana (sweet medicines) like kakoli etc should be taken.

6.3 Medication

Rice-gruel or ghee medicated with gokshura should be taken. Decoction made from prushiparrni bala, shigru, gokshurak, glyeerrhiza should be taken.

By the end of second trimester, most women suffer from Oedema of feet and other complications of water accumulation. Use of gokshurak in sixty month will prevent retention of water and other complications.

7. Fetal growth in seventh month

All the parts and organs develop further till their differentiation is practically complete. The pregnant woman appears slightly exhausted. The physiological functions carried out by vatta, pitta and kapha attain a fair amount of maturity.

7.1 Regimen in the seventh month7.2 Diet

Ghee medicated with Madhur medicines.

7.3 Medication

Decoction made from Shrngatak, bis, draksha, KasheRuk, Madhuk, sugarcandy.

The drugs of Vidarigandhadi group are diuretic, strength giving, relieve-
emaciation and suppress pitta and kapha.
Their regular use in this month helps in
maintaining health of mother and the fetus.

8. Fetal growth in the eighth month

In this month, Oja i.e. (energy responsible for strength) is unstable. It is dominant in the mother at times and at other times it is dominant in the fetus. Hence the mother sometimes appears happy and strong and at other times weak and exhausted. If the fetus is born in this month i.e. if minimum Oja is present in the fetus, it dies.

8.1 Regimen for eighth month

8.2 Diet

Rice-gruel to which ghee is added must be taken frequently.

8.3 Medication

Asthapan basti (enema) should be given using decoction of badar mixed with vata, atibala, shat pushpa, palal, milk, curd, mastu oil, salt, madan phala, honey and ghee. This should be followed by anuvasan basyati (retention enema) of oil medicated with milk and decoction of drugs of Madhura group.

Medicated milk prepared from kapitha, bruhati, bilva, patol Ikshu, ringhi should be taken.

After that, till the delivery she should be given oily gruels and soups prepared from meat of wild animals.

Using rice gruel frequently keeps the pregnant woman free from diseases. The child is healthy and has best of energy, complexion, voice, compactness of body.

The gruels and meat soups provide strength to the woman.

9. Fetal growth in ninth month

The fetus is mature in all respects and may be born any time between ninth and tenth month.

9.1 Regimen for ninth month

9.2 Diet

Rice gruel boiled in milk with honey added to it and mutton soup should be taken.

9.3 Medication

Anuvasan basti as mentioned for the eighth month should be given. A tampon soaked in the oil prepared from ingredients of basti should be kept in the vaginal passage.

Decoction of madhuk, papasya, sariva and ananta should be taken.

Use of enema in this month helps in proper functioning of vaayu. The tampon destroys pathogenic bacteria in the vaginal canal and prevents puerperal sepsis and softens the vaginal passage to help in normal labour.

Throughout the pregnancy, emphasis is on sweet, cooling, nourishing diet. Milk is whole diet. The drugs of madhur group are anabolic. Hence they will help in maintaining proper health of mother and development of fetus.

CHAPTER 7DOs AND DON'Ts DURING PREGNANCYI. CLASSICAL APPROACH IN AYURVEDA

I.1 As a recently planted tree, not supported by strong roots is destroyed by heat or wind, abnormal dietetics and mode of living destroy the fetus/child.

Certain DOs and DON'Ts are suggested in Ayurveda which are necessary for a healthy fetus/child. The factors that are responsible for destruction of fetus are termed as Garbh-opghatkar bhava.

I.2 DOs in pregnancy

The pregnant woman should be clean, wear ornaments and white dress and remain happy and contented. She should worship Gods and respect priests and teachers. She should use a soft bed and seat. Her diet should comprise of pleasant liquid sweet nourishing food items which would stimulate digestive power and impart strength. She should take a bath daily if possible by water medicated by pulp of bilva, karpasa, phamphana, patala, pichumarda, agnimantha, jatamansi and leaves of eranda or water prepared with sarvagandha. She should follow the rules of good conduct and undertake diet and activity appropriate for her constitution.

I.2 DON'Ts in pregnancy

A. Diet

Remaining hungry, fasting, eating hot, pungent, heavy, constipating, dry, stale, putrid and irritating diet and alcohol, garlic, cold water, clay, surana, onion.

B. Activity

Excessive sex, exercise, late nights, sleeping in very soft and high place. Exertion, carrying a heavy load, travelling, sleep during day, assuming abnormal posture and riding animals.

C. Psychological

Avoid fear, sorrow, getting angry, hearing or irritating stories visiting empty houses or cemetery.

D. Treatment

Avoid carrying weight, oil massage, emesis, purgation, enema and blood letting.

E. Dress

wearing heavy, red, tight, unclean dress.

F. Suppression of unnatural urges

Micturation, defecation, vomiting, crying, hunger, etc.

G. Dirty Habits

Avoiding having a bath, touching unclean persons and parts, foul-smelling articles and food. She should avoid all that is advised by the physicians and elderly ladies.

I.3 References

1. Ch. Sam.
2. As. Hr.
3. Yog. Rat.

II. EVALUATION OF LOCAL HEALTH TRADITIONS

II.1 Local traditions supported by Ayurveda

II.A DOs during pregnancy

A.1 Aahar

1. Foods which are easily digestible are taken (ADS-MRA)
2. More vegetables are taken (LS-MP)
3. Jowar, dadar, bajri, bhakri are taken (JM-MRA)
4. Green leaves, dal, brinja, ragi, meat, pudding, rice, sour food, items, chappati, milk with dry ginger, sweets, ghee, fruits and curd rice (AVR-TN)
5. Leafy vegetables are special diet for a pregnant woman (VGK-KRA)
6. Chappati, flaked and puffed rice in small quantities at frequent intervals must be taken (RDP-WB)
7. Normal, routine diet and leafy vegetables. Sour greens (thibhsars rannabiums), drumstick, fermented foods, porridge are taken (PPST-TN)
8. Milk, dry fruits and whatever the pregnant woman desires are given. Ghee, milk, dry fruits, fruits, green vegetables, green grams, dalia (made from wheat) are given (VSK-UP)
9. Chapatti, milk, buttermilk, vegetables, meat are given (SEVA).

A.2 Vihar

1. Normal household work is done (ADS-MRA, VSK-UP, (LS-MP, JM-MRA, AVR-TN)
2. Take bath daily (AVR-TN)
3. Smoking beedies is not advisable (VGK-KRA)
4. Meals should be taken regularly (AVR-TN)
5. Should grind flour with hand-mill (VSK-UP)

Throughout pregnancy easily digestive nutritious routine food should be taken. Spicy, hot, pungent foods should be avoided. Alcohol, beedies should not be consumed.

II.B DON'Ts during pregnancyB.1 Aahar

1. Banana, ground-nut, eggs are not eaten (ADS-MRA)
2. Pappaya, egg, Italian millet, bajra, ladies-finger, puffed corn, potato, jackfruit, pineapple, pork, dry fish, sheep, meat and more pungent foods (AVR-TN)
3. Til, papaya, millet, maize, jackfruit, raw-mango, fish, dry fish and other non-vegetarian foods should be avoided (PPST-TN)
4. Rice, pickle made in vinegar, mahuva, old jaggery, chillies, tea, etc. (VSK-UP)
5. Brinjal, fried foods, bajri, potatoes, grams, jaggery, eggs, fish, spices (SEWA)

CHAPTER 8

INTRA UTERINE DEATH OF FETUS

I. CLASSICAL APPROACH IN AYURVEDA

Various physical and psychological factors are responsible for the Intra-Uterine death of the fetus. Some of them are listed below.

Due to excessive accumulation of doshas, excessive use of pungent and hot substances, suppression of natural urges of defecation, micturition and passing of flatus, sitting-sleeping or standing abnormally on uneven place, compression or injury over abdomen, anger, sorrow, jealousy, fear, horror, excessive courage, due to aggravation of vaayu, excessive coitus, deeds of previous life of mother and fetus, the fetus is destroyed in the mother's womb.

Garbha naasha is described as one of the eighty disorders of vaayu.

I.1 Detection of Intra-Uterine fetal death

1. The abdomen of the woman becomes still, stiff, stretched, cold and stoney.
2. Fetal movements disappear
3. The woman feels uneasiness, giddiness, dypnoea and intense restlessness
4. Her eyes become lax
5. She does not get natural urges properly
6. There is blackish or whitish discolouration in the skin

7. There is foul smell in expiration
8. The abdomen of the woman gets distended due to oedematus fetus
9. There is pain in the stomach

I.2 Reference

1. Ch. SOHA 8/30
2. Su. Ni 8/9
3. Ash. Sha 4/28

II. EVALUATION OF LOCAL HEALTH TRADITIONS

II.1 Local traditions supported by Ayurveda

1. There is constipation and the mother's abdomen becomes hard (MJK-BHR)
2. No fetal movements (MJK-BHR)
3. Stomach ache (VSK-UP, HOM-KLA, CINI-WB)
4. By touching stomach (VSK-UP, JM-MRA)
5. Feeling of still mass (VSK-UP)
6. Bleeding per vagina (HOM-KLA, CINI-WB)
7. Butter is kept in the abdomen and if it does not melt the fetus is dead (PPST-TN)
8. No labour pains
9. There will be belching, vomiting and hiccups

II.2 Local traditions not supported by Ayurveda

1. Mother expires within 10 minutes of fetal death (MJK-BHR)
2. Placenta comes out but the child does not move (JM-MRA)

III. CONCLUSION

1. Most of the local communities have reported signs and symptoms pertaining to IUFD which are consistent with the Ayurvedic principle
2. The causes of IUFD must be explained to them so that practising them may help to reduce the fetal mortality.

CHAPTER 9.ABORTION AND FAMILY PLANNINGI. CLASSICAL APPROACH IN AYURVEDA

Although Ayurvedic texts do not believe in abortants which can be administered therapeutically, some reference on abortifacient effect of drugs is available.

I.1 AbortifacientsI.2 Local application

Insertion of leaf stalk of eranda upto eight angulas in vaginal canal produces abortion of even four month fetus.

I.3 Oral medications

1. One karsha root of chitrak pasted with juice of mirgundi and mixed with honey causes abortion
2. Lime (white washing) from walls of temples in the dose of one Karsa, mixed with cold water causes abortion.

I.4 Reference

Yog. Vatnakar. Yoni. Vya. Chi.

II. EVALUATION OF LOCAL HEALTH TRADITIONSII.1 Local traditions supported by Ayurveda

1. Seeds of carrot with bamboo leaves are given in powder form (VSK-UP)
2. Seeds of carrot and old jaggery are boiled with milk. The filtrate is given orally (VSK-UP).

II.2 Local traditions not supported by Ayurveda

1. Soaking the gingelly seeds in palm jaggery water and taken orally (AVR-TN)
2. Soaking the italian millet in water and taken orally (AVR-TN)
3. Taking pappaya (AVR-TN)
4. Taking pineapple (AVR-TN)
5. Taking mustard with jaggery (AVR-TN)
6. Inserting aaka stick in vagina (AVR-TN)
7. Taking fried horse gram with oil (AVR-TN)
8. Herbal medicine introduced in vagina (MJK-BHR)
9. Massaging the abdomen (MJK-BHR)

III. CONCLUSION

For abortion most of the field groups do not know anything. Others say that they insert some plants or any other blunt articles into the vagina to induce abortion. These methods are dangerous. Instead of giving knowledge to them, it is better if they go to a hospital. If they adopt their own methods there are chances of getting serious diseases which may even lead to death.



Delivery

PART IICHAPTER 10DIAGNOSIS OF IMPENDING DELIVERYI. CLASSICAL APPROACH IN AYURVEDA

Generally days required for gestation are 9 solar months and 9 days or 10 lunar months. In any of the 9th, 10th, 11th and 12th months the delivery can take place.

After this period fetus becomes cause for disease (salya). The following signs indicate the approach of the time of delivery.

1. Exhaustion of the limbs
2. Depressed face
3. Looseness in eyes
4. Feeling in the chest as if a knot is being untied
5. Feeling as if something is coming down from the pelvis
6. Heaviness in the lower part of the body
7. Pain in the groin, region of bladder, pelvis, sides of the chest and back.

8. Onset of show from the genital tract
9. Loss of appetite
10. Expulsion of amniotic fluid

I.2 References

Ch. 9 Sa. 8/36

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. The child moves downwards in the stomach (VSK-UP, JM-MRA, CINI-WB, MJK-BHR)
2. They cannot stand and bulging is noticed in the yoni (VSK-UP, CINI-WB)
3. The woman feels severe pain and blood and fluid discharge is noticed (VSK-UP, JM-MRA, HOM-KLA, HIRDA-ORSA, PRAYOG-MP, MJK-BHR)
4. Frequent micturation (JM-MRA, HOM-KLA)
5. Descent of abdomen (PPST-TN, MJK-BHR)
6. The cervix dilates, the woman is sad and cannot move freely (MJK-BHR)

II.2 Local traditions not supported by Ayurveda

1. Swelling on the legs (HOM-KLA)
2. Projection of Umbilicus (HOM-KLA)
3. Completion of 9 months (VSK-UP, SEWA)

II.3 Local traditions which needs further study

1. They pour oil on umbilicus. If the fetus has not descended the oil rolls over (MJK-BHR)

III. CONCLUSION

Diagnosis of the impending delivery is the most important and primary knowledge. It should be taught to them. Most of the local communities do not know anything about it whereas other's knowledge is incomplete.

CHAPTER 11

DETECTION OF LABOUR PAINS

I.1 CLASSICAL APPROACH IN AYURVEDA

The entire process of labour is divided into 3 parts viz,

1. Prajayani: Extending from loosening of flanks till the beginning of labour pains
2. Upasthita Prasava: Extending from the beginning of labour pain till the fetus enters the cervix
3. Prajanayishyamana: Extending from the time when fetus enters cervix till the expulsion of placenta

The signs and symptoms of impending delivery as seen in the first stage of delivery are as follows :

Her flanks loosen, she feels that the pressure has come down which had been on the thorax and pain in the back. This stage is seen in most of the women for 2-3 days or only for a few hours before onset of labour. It is most likely due to preoccupation of mind. This stage often goes unnoticed.

The above stage is followed by Upasthitaprasava. In this stage she feels exhausted, face becomes languid, eyes become lax, she feels as if bonds of chest are released. She has pain in the back and ilio-sacral part of the lower back, frequent urges to pass stools and urine and discharge per vagina are seen.

Parivartana: When the fetus descends further, the frequency and duration of labour pain increases. The woman feels severe compression and tearing pain in vagina.

To distinguish between true and false labour pains following knowledge will be helpful :

1. True pains increase gradually
2. True pain occurs after regular intervals
3. In the beginning true pains occur at long intervals, pains are of less severity and exist for a short period. Later on both the intensity and period of pain increase while the interval between the pain decreases.
4. After administering enema (vasti) true pain increases.

I.2 References

1. Su. S. SA. 10/6, 7
2. Ch. S. SA. 8/36

II. EVALUATION OF LOCAL TRADITIONS

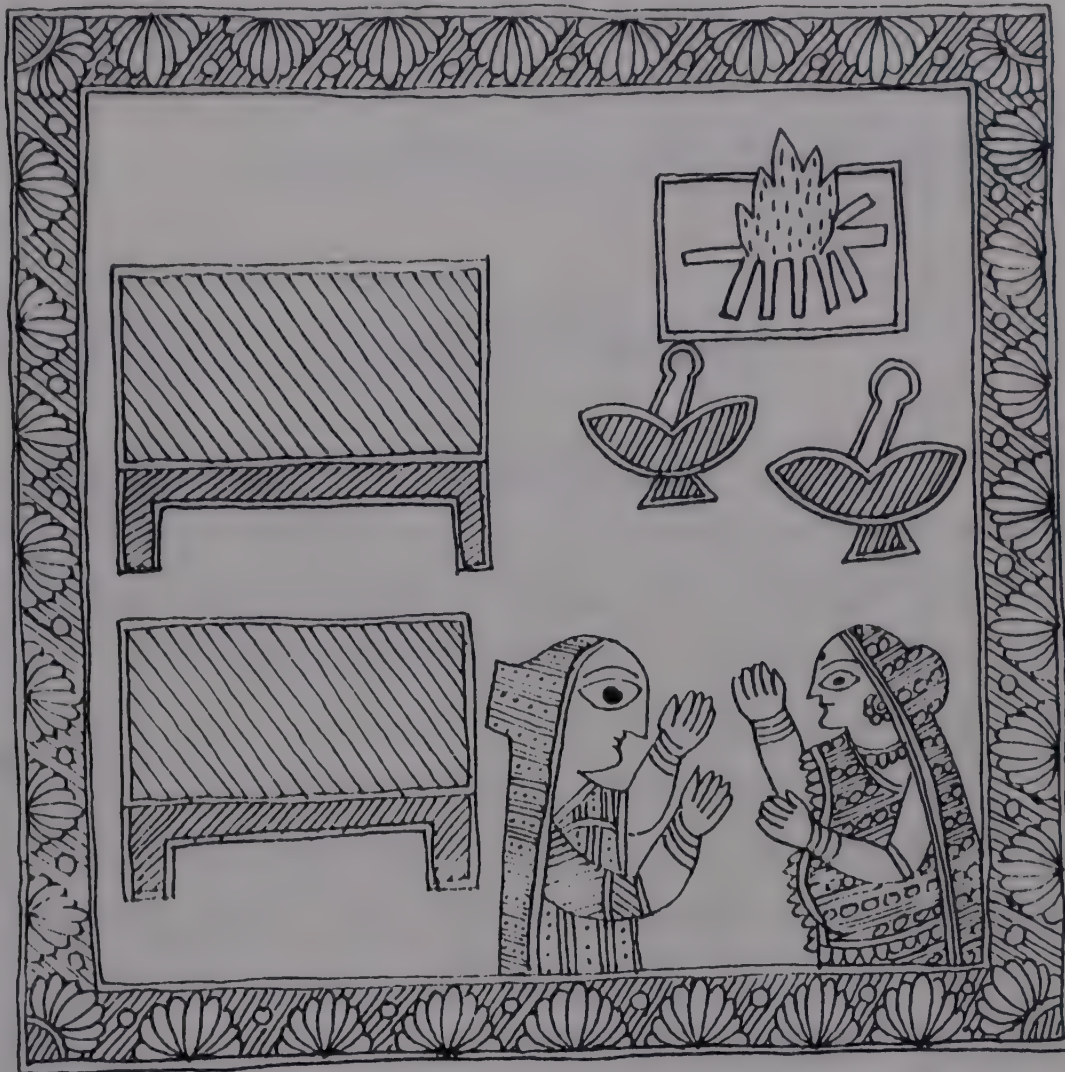
II.1 Local traditions supported by Ayurveda

1. At the time of first delivery much pain is noticed. Stools may pass out (VSK-UP, PRAYOG-MP)
2. Pain in abdomen (JM-MRA)
3. During labour pains, hand and feet feel warm (JM-MRA)
4. Labour pains last for a long time (JM-MRA)
5. Intermittent pain is felt (HOM-KLA, VGK-KRA, CINI-WB)
6. Starting with back pain and radiating to the abdomen (HOM-KLA)
7. After taking the cumin seeds kashaya the pain is

- not relieved in true labour pain and disappears in case of false labour pain (AVR-TN)
8. Before true labour pains watery discharge is noticed. In false labour pains there is no discharge (AVR-TN, VGK-KRA, CINI-WB, SEWA)
 9. Cervix is dilated (JM-MRA, CINI-WB)

III. CONCLUSION

The answers available from survey of local traditions regarding labour pains are correct. They do not have any erroneous knowledge about it. The other points not narrated by them and which are available should be taught to them.



Delivery Room

CHAPTER 12

MANAGEMENT OF NORMAL DELIVERY

I. CLASSICAL APPROACH IN AYURVEDA

I.1 SOOTIKAGARA - MATERNITY HOME

Before the ninth month of pregnancy the maternity home should be constructed in a place cleared of bones, gravels and pieces of earthen vessels. The soil of the locality should have excellent colour, taste and smell. Its doors should face towards the east or the north and the wood of Bilwa (*Aegle marmelos*), Tinduka (*Diospyros peregrina*), Ingudi (*Balanites aegyptica*), Bhallataka (*Semicarpus anacardium*), Varuna and Khadhira (*Accacia catechu*) should be used for the construction of this maternity home. This house should be equipped with cloth, sheet and bed covers, fire place, water storage, place for pounding, lavatory, bath-room and kitchen. It should be properly ventilated to make it comfortable for that particular season.

When the labour pain starts, a bed should be prepared on the ground with soft material used as bed spread and she should be asked to sit over it. Female attendants should thereafter remain around her and console her with talks which are comforting and consoling.

After observing the clinical features of onset of labour, senior experienced women after taking bath should enter the labour ward. These sweet speaking women praying to God, should console, encourage and delight the pregnant woman, narrate to her the pleasures of having children and sorrows of childless couples. They should pray to Gods who have many children and long life. The woman anxious to deliver should remain happy and without embarrassment and sit encircled with old women. She should be given massage, with oil, over flanks, back, sacrum and thighs, bathed with lukewarm water and made to drink good, strength producing rice gruel, filling her stomach to its fullest capacity.

Then the woman should sleep in supine position with flexed thighs on a soft bed having pillow and be attended by undaunted, mature and expert four women who have had their nails cut. The women attending her should wear intact clothes. The delivering woman should be given repeated inhalation of powdered kushtha, Alaa, laungli, vadha, chavya, chitrak and cheerbilva, intermittent inhalation of smoke of bhurja patra, leaves of shinshapa and sariarasa. The woman should be made to yawn and walk slowly.

The attendants should advise the delivering woman not to bear down in absence of labour pains as it will harm the fetus. The delivering woman should follow the advice and should make mild efforts at bearing down initially and forcefully at end.

At this moment of bearing down, the attendants should pronounce "DELIVERED, DELIVERED, YOU ARE FORTUNATE, YOU HAVE DELIVERED A MALE CHILD." Hearing these words the woman gets strength due to happiness.

Immediately after delivery when the palpitations stop, the cord is cut about 8 anguls from the umbilicus from its root. Both the sides of this mark should be carefully taken in hand and with the help of a knife the cord should be cut carefully. The ends of the cord is tied with a thread and the ends of the thread should be loosely tied to the neck of the child. The woman should be examined to determine if the placenta has come out. If the placenta does not come out the following measures should be adopted :

1. One of the female attendants should forcefully press the abdomen with right hand from above the umbilical region while holding the patient's back by left hand and shake the body well.
2. The attendant with her heels should press the hip region
3. Her buttocks should be taken by hand and strongly pressed by the attendant
4. Her throat should be rubbed with the help of the braid of her hair.

I.2 MANAGEMENT OF RETENTION OF PLACENTA

Vitiation of vaayu is main etiological factor for retention of placenta, with its suppression placenta comes out immediately.

Following medications can be given :

2.1 External medication

A. Fumigation in vagina

1. with Bhurjpatra, kach mani and slough of snake
2. with Bhurjpatra and guggulu

B. Anointment in vagina

1. Paste of jaggery and dry ginger in vaginal

canal

2. Uma, gum of shalmali mixed with ghrita should be filled in vagina, then jerks should be given

C. Irrigation over body:

1. Paste of langli should be applied over palms/soles or abdomen
2. Irrigation of Mahavruksha over head

D. Tampons:

Tampon soaked with oil prepared with shatpushpa, kushtha, madanphala and hingu should be given

E. Use of various basti (enema) is also mentioned in the texts

2.2 Oral medications

1. A paste of jaggery and dry ginger should be given to eat
2. Paste of kushtha and root of langli should be given with Cow's urine or wine

2.3 Manual extraction of placenta

If all above drugs/methods fail, then this method should be used. Lubricated hands having nails already cut, should be inserted following the umbilical cord and placenta delivered.

I.3 References

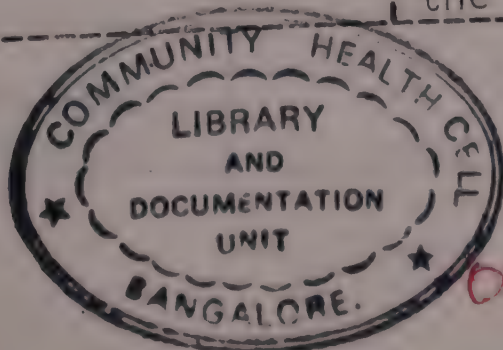
1. As. Sa. Sha. 2/34
2. As. Hr. Sha. 1
3. Bha. Pr. Chi. 10
4. Su. S. Sa. 10/6, 7
5. Ch. S. SA. 8/33, 36, 37, 41, 44
6. Ka. S. Sha. Jatisu.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Time to cut the umbilical cord

1.1 Local health traditions not supported by Ayurveda

Time	Reason	Field group
After the expulsion of placenta	The blood circulation to baby is conducted by umbilical cord. If they do cut the cord earlier the placenta may not come out quickly.	VSK-UP SHJA-KRA
After the expulsion of placenta	If cut earlier air will go into the child's abdomen. Also cause distress to the child.	JM-MRA



DR-431

03981

Time	Reason	Field group
After the expulsion of placenta	It helps in expelling the placenta	HOM-KLA
After the expulsion of placenta	Tradition	AVR-TN VGK-KRA CINI-WB SEWA SHJA-KRA PPST-TN
After the expulsion of placenta	If cut earlier placenta may not come out	SHJA-KRA

- II.2 (A) The person who cuts the cord
 (B) Ligature of cord
 (C) Instrument to cut the cord
 (D) Treatment of instrument
 (E) Site of cutting

2.1 Local health traditions supported by Ayurveda

Topic	Reason	Reports
(A) Experienced lady	It will be harmless	VSK-UP, SHJA-KRA JM-MRA, HOM-KLA AVR-TN, SEWA CINI-WB, PRAYOG-MP VGK-KRA, CRDP-WB MJK-BHR, PPST-TN
(B) 1. Cord is tied before cutting 2. Thread	To avoid bleeding --	-do- "
(C) 1. Blade 2. Sickle 3. Chips of Bamboo 4. Knife	-- -- -- --	" PPST-TN MJK-BHR MJK-BHR

Topic	Reason	Reports
(D) Boiled in water	--	As per (A)
(E) 1. 2-3 inches from the nabhi	--	-do-
2. 1-7 cms from the nabhi	--	VGK-KRA
3. 1 finger length 1 span	--	PPST-TN

2.2 Local traditions not supported by Ayurveda

1. Husband cuts the cord (MJK-BHR)

II.3A Advice to conduct a safe and easy delivery

3.1 Local traditions supported by Ayurveda

Topic	Reason	Reports
1. Juice of roots and jeeraka	--	VGK-KRA
2. Hot water or liquid food	To stimulate muscles	HOM-KLA
3. Decoction of tonde (local name) and cumin seeds is given. Later tender coconut is given	--	SHJA-KRA
4. Rasam with rice	--	PPST-TN

3.2 Local traditions not supported by Ayurveda

Topic	Reason	Reports
1. Nothing	--	CRDP-WB JM-MRA
2. Hot tea, rice, milk	To get abdominal pressure	CINI-WB

II.3B Enema3(B)1 Local traditions supported by Ayurveda

Topic	Reason	Report
Given	To induce easy delivery	CINI-WB, SEWA HOM-KLA

3(B)2 Local traditions not supported by Ayurveda

Topic	Reason	Report
Not given	--	CRDP-WB, JM-MRA SHJA-KRA

II.3C Exercises3(C)1 Local traditions supported by Ayurveda

Topic	Reason	Report
Usual household work is done till delivery	For easy delivery	VGK-KRS, SHJA-KRA CINI-WB, HOM-KLA JM-MRA, SEWA

3(C).2 Local traditions not supported by Ayurveda

Topic	Reason	Report
Nothing	--	CRDP-EB

II.3D Massage with Oil on the abdomen:3(D).1 Local traditions supported by Ayurveda

Topic	Reason	Report
Yes	For easy delivery	VGK-KRA, HOM-KLA CRDP-WB, SHJA-KRA CINI-WB, JM-MRA SEWA

II.3E Posture for delivery3(E).1 Local traditions supported by Ayurveda

Topic	Reason	Report
1. Lithotomy	--	VGK-KRA, JM-MRA CINI-WB
2. Sitting or standing with a rod for support	--	SHJA-KRA HOM-KLA

II.3F Pushing the abdomen during pain3(F).1 Local traditions supported by Ayurveda

Topic	Reason	Report
Yes	--	VGK-KRA, HOM-KLA CRDP-WB, SHJA-KRA CINI-WB, JM-MRA SEWA

II.3G Any Other3(G).1 Local traditions supported by Ayurveda

Topic	Reason	Report
Ties a cloth around the umbilicus	To prevent the baby's slipping	CRDP-EB

II.4 Disposal of placenta4.1 Local traditions supported by Ayurveda

Topic	Report
1. Buried	VGK-KRA, HOM-KLA, CRDP-WB SHJA-KRA, CINI-WB, JM-MRA SEWA, AVR-TN, VSK-UP PRA YOG-MP
2. Burnt	VSK-UP

II.5. Treatment of retention of placenta

5.1 Local traditions supported by Ayurveda

1. Rub oil over the abdomen so that the placenta comes out and then pull it out (VGK-KRA, HOM-KLA, CRDP-WB, JM-MRA, SEWA, VSK-UP, PRAYOG-MP, MJK-BHR)
2. Give the mother's hair-tail to lick (VGK-KRA, AVR-TN, SHJA-KRA, CINI-WB, JM-MRA, PPST-TN, MJK-BHR)
3. Put the finger in the mouth to induce vomiting sensation (CRDP-WB)
4. The hands of attendant and vagina of woman are oiled and manual extraction is done (MJK-BHR)

5.2 Local traditions not supported by Ayurveda

1. Drink the juice of *Sida cordifolia* (AVR-TN)
2. The decoction of soth and jaggery is given to drink (VSK-UP)
3. 50-100 ml of ghee is given to drink (VSK-UP)
4. The woman is made to lie down, oil is applied in vagina and placenta is pulled gently

II.6 Management of cuts or tears in the vagina

6.1 Local traditions supported by Ayurveda

1. Apply neem oil with turmeric (HOM-KLA, AVR-TN)

6.2 Local traditions not supported by Ayurveda

1. Leave as it is. It will heal by itself (VGK-KRA, JM-MRA, CRDP-WB)
2. wash with hot water (AVR-TN)
3. They do nothing of their own (PRAYOG-MP, SEWA, SHJA-KRA)
4. Apply froth of mustard oil (VSK-UP)
5. Apply mustard oil (CINI-WB)
6. Apply garlic boiled in oil (CRDP-WB)

6.3 Area for research

wash with tamarind leaves/decoction of ankob
leaves/decoction of Ankob and miguadi leaves (PPST-TN)

III. CONCLUSION

1. Most of their answers are correct
2. The gaps in their knowledge should be supplemented
3. Hazardous practices should be discouraged
4. The washing of the tears and decoction of leaves like tamarind, ankola, misguidi can be taken for investigation.



Breast-feeding

CHAPTER 13

BREAST FEEDING

I. CLASSICAL APPROACH IN AYURVEDA

I.1 Origin of breast milk

Food after digestion and absorption is converted into primordial body tissue, viz. rasa. Rasa circulates all over the body and is brought to the breast by blood vessels. The tissue enzymes in the breast convert rasa into milk. Hence milk is termed as associate or upadhatu of rasa. The development of breasts depends on sukra i.e. generative organs. Hence breasts develop in girls, during adolescence. Breasts develop further during pregnancy and nipples and areolae become darker.

I.2 Peeyusha - Colostrum

In the first three or four days after delivery, mother's milk is thick, heavy, sticky and dense. It is secreted in small quantities and is known as peeyusha.

I.3 Factors promoting secretion of breast milk

Love and affection for the baby are essential for secretion of the milk. Hence looking at, handling, carrying the baby or even remembering the baby promotes secretion. Sucking by the baby is the most important stimulus for the secretion.

Happy state of mind and adequate rest and sleep are important for increasing milk supply. In this, retention enema with 3-4 ounce of til oil medicated with galactagogues daily is helpful. Nutritious diet with predominantly sweet and salty taste and having soothing effects on the body and tissues is important for increasing breast milk supply. Milk, meat, ghee, oil, wines and plenty of fluids help to increase the quantity of breast milk. Kheer of poppy seeds or Laddu of drink medicated with Musali Ajamoda, Methi, Satavari increases milk secretion. Satavari ghrita and Aswagandha ghrita and Aswagandha leha also increase milk secretion.

I.4 Diet and activities contra-indicated for lactating mother

Mother should avoid heavy diet like animal fats, leaves of mustard, meat of pig and buffalo and seedhu wine during the day. She should avoid incompatible diet or excessive diet.

I.5 Inadequacy of the breast milk

One should suspect inadequacy of the breast milk if the baby does not thrive well, is thin and lean, constipated or passes less quantity of urine. These babies are not satisfied after the feed, keep on crying intermittently and do not sleep at night. The breast of the mother which is not secreting enough milk, shrivels and the amount of breast milk which can be expressed is less than usual. In these cases one should make an attempt to increase the breast milk supply of the mother, employ a wet nurse or start supplementary feeds.

I.6 References

1. Ch. S. Sa. 8
2. 54. S. Sa. 10
3. As. H. Sa. 2
4. As. Sja. 3

II. EVALUATION OF LOCAL HEALTH TRADITIONSII.1 Initiation of breast milk1.A Local traditions supported by Ayurveda

1. Started from third day VSK-UP, CRDP-WB
JM-MRA, PRAYOG-MP
SEWA, SHJA-KRA
2. Started from fourth day VSK-UP, SEWA

1.B Local traditions not supported by Ayurveda

1. Started from first day HOM-KLA, AVR-TN
CINI-WB
2. Started from second day VGK-KRA, CRDP-WB
CINI-WB, JM-MRA

II.2 Substitute if breast feeding is not started on first day2.A Local traditions supported by Ayurveda

1. Castor oil is given VGK-KRA
2. Boiled cooled water mixed HOM-KLA, CRDP-WB
with sugar or grapes and
sugar candy is given

3. Mixture of honey, water and goat's milk VSK-UP, CINI-WB
PRAYOG-MP

4. Jeeraka water AVR-TN
5. Sugar water AVR-TN
6. Cow's milk PPST-TN

2.B Local tradition not supported by Ayurveda

1. Nothing JM-MRA
2. water, jaggery and
ghee is given SEWA

II.3 Removal of breast milk before breast feeding

3.A Local traditions supported by Ayurveda

Yes AVR-TN, VSK-UP
CRDP-WB, JM-MRA
PRAYOG-MP, SEWA
SHJA-KRA

3.B Local traditions not supported by Ayurveda

No VGK-KRA, HOM-KLA
PPST-TN

II.4 Time limit of breast feeding the child

4.A Local traditions supported by Ayurveda

Upto two years HOM-KLA, AVR-TN
VSK-UP, CRDP-WB
JM-MRA, PRAYOG-MP
SEWA, SHJA-KRA

- 4.B Local traditions not supported by Ayurveda
Until next pregnancy VGK-KRA, CINI-WB

5. Medicines to improve the quantity and quality of breast milk

5.A Local traditions supported by Ayurveda

1. Juice of Jeevanti SEWA
2. Hot jaggery, eta JM-MRA
3. Fruits and milk AVR-TN

5.B Local traditions not supported by Ayurveda

1. Shikakai leaf juice VGK-KRA
2. Pepper, ginger and jaggery paste SHJA-KRA
3. Non-vegetarian food AVR-TN
4. Nothing special CINI-WB
CRDP-WB

5.C Local traditions which need further study

1. Arappu marunnu (local name)
Arappu marunnua means the paste of medicines so if the ingredients, preparation, time of administration etc. are known it will be easy for further study.

II.6 Special diet for lactating mother:

6.A Local traditions supported by Ayurveda

1. Fruits, green vegetables, eggs SHJA-KRA, VSK-UP
PRAYOG-MP
AVR-TN

- | | | |
|-----|---|--------------------------|
| 2. | Rice Kanji | JM-MRA |
| 3. | Wheat Kanji with green gram | HOM-KLA |
| 4. | Roasted jeera with milk
or gajar rasa | VSK-UP |
| 6.B | <u>Local traditions not supported by Ayurveda</u> | |
| | Nothing | VGK-KRA, SEWA
CINI-WB |

III. CONCLUSION

1. The knowledge in the local communities regarding breast feeding and diet of lactating mother is fairly good
2. The classical approach of disorders of breast milk must be imparted to the community

PART IIIMANAGEMENT OF POST NATAL PERIODCHAPTER 14MANAGEMENT OF ANTE OR POST PARTUM BLEEDINGI. CLASSICAL APPROACH IN AYURVEDAI.1 Some of the medications used to control bleeding are mentioned here

1. Complete bed rest
2. Food and elevated
3. Samanga (Bryophyllum sensitivum), Dhataki, Kusumam (woodfordia fruticosa), Gairika, Sarjarasa, Rasanjana etc. are powdered and given internally with honey
4. Seeta upachara is done like sprinkling cold water etc
5. The bark of Nygrodhadi dravyas or the paste of pravala is taken with milk
6. Madhuka (glycyrrhize glabra), devadaru, Manjishta is made into paste and taken with milk
7. Satavari paste with milk is taken

II. EVALUATION OF LOCAL HEALTH TRADITIONSII.1 Local traditions supported by Ayurveda

1. Cold things with ghee and milk is given or ghee with pepper is given

VSK-UP

2. Decoction made of jaggery and ajwain and milk VSK-UP
3. Cot is elevated at foot side VSK-UP

II.2 Local traditions not supported by Ayurveda

1. Shikakai leaf juice and garlic juice is used VSK-UP
2. Spadix of coconut, rice and jaggery mixed together and given HOM-KLA
3. Nothing AVR-TN
CRDP-WB
CINI-WB
PRAYOG-MP
4. Left as such JM-MRA
VSK-UP

III. CONCLUSION

1. The field group's knowledge regarding the management of partum haemorrhage is very poor. A training which includes the causes and treatment of the above mentioned conditions is necessary
2. Most of the local communities refer the woman to health centres, which shows the awareness of the community regarding the seriousness of this condition.

CHAPTER 15

POST PARTUM CARE OF MOTHER

I.1 CLASSICAL APPROACH IN AYURVEDA

After the expulsion of placenta, the woman should be reassured and advised to lie on her abdomen. She should be massaged with Bala Oil on her back, sides and lower abdomen and fomentation should be done.

The lax abdomen should be tied with a bandage. She should be given ghee, mutton soup or rice kanji medicated with panchkol. She should be given krishna-bala in dose of 1 gram, twice a day with jaggery for its purifying effect on the uterus. Dasamoolarishta in dose of one ounce twice a day should be given. Castor oil should be administered if she is constipated. For restoring normal size of the uterus, powder of lata-karanja and pippalimoola should be given for 7 to 8 days or longer if necessary.

From the second to the tenth day, the vulva should be cleaned with warm water and exposed to the smoke of Ajmoda and Sathahwa. She should be given rice kanji and ghee as well as milk medicated with Panchakola or laghupanchamoola for first 5 days. After that the diet should be stepped up comprising of rice, soup of moog, kulattha, java, fruits, mutton soup, ghee kushmanda, carrot and cucumber. She should take warm water. From third or fourth day onwards, she should be given a bath preceded by an oil massage. After bath, she should be exposed to smoke of kushtha, guggulu and Agar. The bath may be started on the first day, if she is not weak.

The diet and the regimen should be modified according to the region. Thus in jangala desha, that is in dry climates, and in a woman with good digestive power, ghee or oil should be administered in large quantities. If a male child is born the mother should be given til oil or coconut oil and if a girl is born, the mother should be given ghee.

After ten days, the diet should comprise of rice, ghee, milk, ghee of poppy seeds, medicated sweet balls made from gum with musali, Ajamoda, Methi, Satavari and Sathawa.

Shatvari kalpa, Aswagandha and Shatavari grita should be given as tonics. Even if there are no complications, it takes six months after delivery for a woman to regain her normal health and strength.

She should avoid - 1. contact with anyone having an active wound exhausted by an active disease
2. getting angry, 3. sorrow 4. sleeping during the day 5. sex 6. travelling 7. sitting posture for a long time 8. talking loudly 9. cooling measures like drinking cold water, application of sandal wood paste etc. 10. exertion 11. exposure to breeze 12. exposure to heat 13. incompatible diet 14. excessive diet 15. eating diet not suitable to her constitution.

She should follow all these DOs and DON'Ts for a period of six weeks. If she is weak or any complications occur the same regimen should continue for a period of 3 months.

I.2 References

1. Ch. S. Sa/8/48
2. Su. S. Sa/10/16-18
3. Su. S. Chi. 39/25-37
4. Ah. Sa. 1/100
5. Asm. Sa. 3/34
6. Kasyapa samhitha 11
7. Bhaava prakaasa (1) 4/56

II. EVALUATION OF LOCAL TRADITIONSII.1 Treatment adopted immediately after delivery

- A. To clean uterus
- B. Vaginal smoke
- C. Bath
- D. Diet
- E. Special care during first delivery
- F. For how long dietary pattern is followed
- G. Rest
- H. Massage with oil

II.1A Treatment adopted to clean uterusLocal traditions supported by Ayurveda

YES, with garlic juice or shikakai leaf juice Uterus contracts and bleeding stops VCK-KRA

YES, massage the abdomen, uterus For cleaning uterus: expel the blood and clots from uterus

HOM-KLA

YES, rasam prepared
out of dry ginger, palm
jaggery, garlic and
cumin seeds is given
orally

Uterus is cleaned AVR-TN

YES, wash with warm
water

To wash away
clots

CRDP-WB

YES, ginger and
jaggery mixture is
given orally

SHJA-KRA

YES, cleaned with
cloth and, soap water
or dettol

To clean
uterus

CINI-WB

YES, juice of ariu
or neem leaf is used

SEWA

YES, the decoction of
dry ginger, milk or
water to drink. A
thin paste of turmeric,
jaggery, garri and
chuthana is given to
eat. Ghee and pepper
are given, jaggery
with hot milk is given
orally

VSK-UP

YES, Kulisalavu/or a
preparation with black
Asofoetida, turmeric,
palm and jaggery is given

PPST-TN

YES, with Ajwain To clean abdomen PRAYOG-MP

YES, with warm To clean uterus CINI-WB
moist cloth HOM-KLA

Local traditions not supported by Ayurveda

YES, water and soap
or liquor, liquor is
given to drink also JM-MRA

YES, told to sit on
a burning coal, (stand-
ing above with legs-
spread) CRDP-WB

YES, Dhoopan with hing To clean
and Ajwain uterus NSK-UP

II.1C Time to take bath

Local traditions supported by Ayurveda

After placenta comes To prevent cold and VGK-KRA
out, hot water bath body pain CRDP-WB
is taken. Next day CINI-WB
she has to take bath HOM-KLA
with lukewarm water.

Three hours after AVR-TN
delivery with hot water

After 2-24 hours For maintaining SEWA
health

After 6 hours to two days, take bath after applying oil	For good health	SHJA-KRA
Between 1-3 hours after delivery		JM-MRA
After 3 days with hot water and rakta chandan	For cleanliness	PRAYOG-MP

III.1D Diet

Local traditions supported by Ayurveda

On the third day bath, and on the ninth day oil bath instead of a bath

PPST-TN

Coffee, pepper soup, To improve health
ragi soup, shikakai of the baby, to
juice prevent illness

VGK-KRA
SHJA-KRA

Tea, warm water,
rice kanji, wheat
with oil and jaggery,
ragi kanji.

JM-MRA

Chura (local dialect),
Bababa (local dialect),
onion, garlic roasted To recover
ginger and one glass from pain
of water per day.

CRDP-WB

Ghee and jaggery,
 bot milk ajavayin and
 turmeric

VSK-UP

Usual food with ghee

SELA

Light food which is
 easily digestible,
 kanji

HOM-KLA

Upto 7 days food with
 rasam made of solanum
 trilobatum and
 delonixregia

AVR-TN

Local traditions not supported by Ayurveda

Hot water or tea
 immediately after
 delivery

PRAYOG-MP

Usual food with fried
 potato rice, banana, etc

II.1E Special care in first delivery

Local traditions supported by Ayurveda

For one and a half
 months, she will not
 go out and kanji is
 taken

JM-MRA

Nutritious food and
 personal hygiene is maintained

HOM-KLA

Good food items and care
is taken to avoid any
diseases

SEWA

They avoid wind and
hurry to take food etc.

SHJA-KRA

Little exercise is done.
Nutritious food is given
like fruits, milk, ghee,
etc

VSK-UP

II.1F Duration for following dietary pattern

Local health traditions supported by Ayurveda

Upto 5 months

PRAYOG-MP

Upto 1 year

VGK-KRA

JM-MRA

CINI-WB

Upto 8 months

SHJA-KRA

Upto the time child is
breast feeding

SEWA

Upto 4 months

HOM-KLA

Upto 3 months

For the well

VSK-UP

being of the child

II.1G Duration for taking rest

Local tradition supported by Ayurveda

3 months

SHJA-KRA

HOM-KLA

Local traditions not supported by Ayurveda

5-15 days	VGK-KRA
1 month	JM-MRA CRDP-WB CINI-WB
1-2 months	PRAYOG-MP
45 days	SEWA VSK-UP

II.1H Initiation of massage to motherLocal tradition not supported by Ayurveda

After 4-5 days	PRAYOG-MP VGK-KRA JM-MRA
After 12 days	VSK-UP
After 15 days	CINI-WB
15 days to 1 month	SHJA-KRA
After 1 month	HOM-KLA

III. CONCLUSION

The answers given by the field groups regarding the uterus after delivery i.e. vaginal dhoopana, oil massage, etc are partly correct.

Most of them have said that the intake of water should be restricted and massage is done only after 12 or 15 days etc. which is not correct. In general all the field groups have advised oil massages as the first procedure. It is done for 3-7 days after delivery.

Use of medicated rice gruels is prescribed in the diet. Oral administration of oleaginous substances like medicated oil, ghee and decoction of jevaneya, madhura and vastha hara drugs can be used in the form of massage, urgent applications and bathing. Hence training for the field groups with further details regarding the above mentioned procedure is essential.

PART IV

POST PARTUM CARE OF THE MOTHER

CHAPTER 16

EXAMINATION OF NEW BORN

I. CLASSICAL APPROACH IN AYURVEDA

I.1 After performing the rites for giving a name, the child should be examined with a view to ascertain the span of the child's life. The following are the signs and symptoms of children having a long span of life

1. Hair - discrete, soft sparse, unctuous, firmly rooted and black
2. Skin - thick and not loose
3. Head - Constitutionally of an excellent type, slightly bigger in size proportionate with other parts of the body and resembling an umbrella in shape
4. Forehead - broad (straight) even compact having a firm union with the temporal bones and having three transverse lines, plump having wrinkles and having the shape of half a moon.
5. Ears - thick, large in size having even lobes, equal in size extending downwards, bending backwards, having compact tragus and having big ear hole
6. Eye-brows - slightly hanging downwards, separated from each other, equal in size, compact and large in size

7. Eyes - equal in size, having fixed look having clear cut divisions (black and white portions), strong, lustrous, beautiful and having beautiful corners
8. Nose - straight, capable of taking deep breadth well ridged and slightly curved at the tip
9. Mouth - big in size, straight and having compact teeth
10. Tongue - having proper length and breadth, smooth, thin and endowed with natural colour
11. Palate - smooth, plump, hot in touch and red in colour
12. Voice - profound not sluggish, sweet, having echo, deep toned and steady
13. Lips - neither very thick not very thin, having adequate width, capable of covering the mouth cavity and red in colour
14. Jaws - large in size
15. Neck - round in shape and not very large in size
16. Chest - broad and plumpy
17. Clavicles and vertebral column - not visible
18. Breasts - having wide space in between them
19. Parswa - downwards and firm
20. Arms, thighs, fingers, including toes - round, full and extended
21. Hands and legs - large in size and plump
22. Nails - firm, round, unctuous, coppery coloured, properly elevated and convex like the back of a tortoise.
23. Umbilicus - whirled clockwise and depressed
24. Waist - less than $\frac{3}{4}$ th of the chest in circumference, even and plump with muscles

25. Buttocks - round, firm, plump with muscles and neither excessively elevated nor excessively depressed.
26. Thighs - tapering downwards, round and plump
27. Calf region - neither excessive plump nor excessively emaciated having resemblance with that of deer and having vessel bones, joints well covered.
28. Ankles - neither excessively plump nor excessively emaciated
29. Feet - having the characteristic features as described above and having the shape like that of a tortoise

A child having a long span of life has normal flatus urine, stool, anus, sleep, vigil, fatigue, smile, cry, sucking of milk and similar other factors which are not described.

If the child is with the organs or phenomena having attributes in contra indication with what is described then they are indicative of a short span of life for the child.

I.2 References

Ch. Sha. 8/52

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local health traditions supported by Ayurveda

1. Colour and respiration is noted (VGK-KRA)
2. As a first observation all the parts of the body of the child are carefully observed. (VGK-KRA)

- If there is a part or projection in the body which can be easily removed, it is cut. If there is any other physical defect nothing is done. If the eyes are not opened, air is blown on the face of the child through the Dai's mouth. If the head is extended a little this side or that side it is corrected to normalcy. If the child is not crying it is made to cry by pinching (VSK-UP)
3. The child is examined and the following are noted :
Does the baby have anus passing meconium ?
Is the urinary meatus normal or not ? Is the baby sucking well ? Are eyes open ? Is there any deformity ? Is the baby crying well ? (CRDP-WB)
 4. The following are noticed : Crying, disability, suckling tendency, rectus and urethra (HOM-KLA)
 5. The growth of the organs of a new born baby are noticed.
If they find any deformity in the baby they refer it to the medical centre (AVR-TN)
 6. Sex, suckling ability, crying, respiratory movement and opening, urinary opening, eyes, mouth, ear, nose, cleft palate, bleeding etc are noticed (CINI-WB)
 7. All the parts of the baby are observed carefully to find out whether they are normal or not (PRAYOG-MP)
 8. All parts of the baby especially eyes, ears, hands, legs, etc are noticed (SEWA)
 9. All parts of the baby are observed especially eyes, throat, urinary opening, etc (SHJA-KRA)
 10. If the skin is bluish or pale, donkey's milk is given. If there are reddish patches then oil

medicated with sewappu paltai is used for massage. For blackish/bluish colour of the baby, oil is prepared. (Ballathakan, Katukarohini and Picrasshiza Kurroa (PPST-TN)

III. CONCLUSION

From all the reports it is clear that the field surveyor or surveyee did not understand the question completely or properly. The subjects noted by the field surveyor is good and acceptable. In addition the question is related to examine the new born's span of life as well as any deformities. This examination is done usually on the 10th day of the delivery.

CHAPTER 17

CARE OF THE NEW BORN BABY

I.1 CLASSICAL APPROACH IN AYURVEDA

The moment the baby comes out of the maternal passage one should produce near the baby's ear sounds by striking stones, and by dashing cold and warm water on the child's face alternatively to stimulate breathing. If these measures fail to revive, the child should be fanned with a reed-basket till the respiration is established. One should remove the mucus from the mouth and throat using a sterile cotton with the help of the fore finger. The head fontanelle and the body should be cleaned by gently rubbing with a cotton swab dipped in Bala Thaila.

Before cutting the umbilical cord, the baby is given to lick gold, rubbed in honey and ghee simultaneously chanting appropriate mantras. Gold stimulates the brain and the vital centres. The baby should be allowed to lick honey and ghee medicated with drugs which stimulate brain and acts as a tonic.

The medicated honey and ghee should be sanctified with the utterings of scriptural hymns and given in a dose equalant to one vidanga.

I.2 Cutting of the umbilical cord

As per the texts, 4-5 fingers length of cord from the navel end should be marked, and tying on either side of the mark, the cord is then cut with a sharp edged

knife made of gold, silver or steel, then tying another string to the stump of the cord and then attaching it loosely round the child's neck.

Til Oil medicated with Kushtha should be then applied to the navel.

I.3 Bath

The baby should be given a bath daily using warm water, medicated with jeevaneya group of medicines or water warmed by dipping hot silver or gold ords. Cold water is used in summer.

I.4 Dhoopana

After bath, the baby should be exposed to the smoke of fragrant medicines eg. Aguru, Chandan, Usheer.

I.5 References

1. Ch. S. Sa. 8/42-43.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Blow air into child's ear VGK-KRA
 - Make sound near child's ear with a plate and a tumbler
 - Apply pepper and garlic powder to its mouth
2. Beat metal plate SEWA
 - Milk with cord towards child
 - Sprinkle cold water on child afterwards

- 3 . Cold water is sprinkled PRAYOG-MP
- 4 . Baby is suspended in head
down position and patted on
the back. Blowing into the
Baby's mouth after sprinkling
hot water. Sprinkle water
over head, moist warm cloth
is kept on baby's chest,
alternate hot and cold water
application on baby's back. CINI-WB
- 5 . Baby's feet are placed in
water. The baby is given
a bundle of Ningurdi leaves
and Ajmoda to play. PPST-TN
- 6 . The baby is put upside down
with gentle patting on the
back, sometimes blow air in
baby's mouth, put placenta in
bowl of warm water. CRDP-WB
- 7 . Dhoopan with ajowane, gently
twisting the cord. In cold
season hot water and in hot
season cold water bath is
given. The child should be
gently shook and the dirt
from its mouth removed VSK-UP
- 8 . Sprinkle cold water strongly
on the chest and face of the
new born removing mucas from
the mouth, give mouth to
mouth respiration HOM-KLA

9. Make sound by beating a plate branding the baby with a red hot needle to make it cry. Pinch the child handle the child in inverse position. Clean the baby's mouth with a finger. AVR-TN
10. Eye's are washed immediately after birth with water and Bengal gram powder, mouth is cleaned with hot water by finger, nose is cleaned with coconut oil and hot water. Ears are cleaned by blowing air. Umbilical cord is cleaned and oil is applied. SHJA-KRA
11. Body is cleaned with water and no medicine is used SEWA
12. Eyes are wiped with cloth, from the mouth mucas is removed by putting a finger. Nose is cleaned with water. Ears are cleaned with water and air is blown into them. Cord is cleaned with water JM-MRA
13. Eye, mouth, nose, ear and umbilical cord is cleaned with a cloth CINI-WB
14. Eyes are cleaned immediately after birth by water. Nose and ear are cleaned a few days after the birth, by using a piece of cloth. Mouth is cleaned immediately after birth by using a cloth soaked in water. CRDP-WB

15. Cleaned during bath everyday using soap, water or sikakai and niped PPST-TN
16. Eye's are cleaned after the delivery with cotton and water. Mouth is cleaned with water and mucus is removed, nose is cleaned with water. Umbilical cord is cleaned with a cloth after it is cut. HOM-KLA
17. After cutting the umbilical cord the infant is given a bath with green gram or bengal gram powder and soap. AVR-TN

II.2 Local traditions not supported by Ayurveda

1. Beat the placenta with footwear SEWA
2. Pulling the placenta by hand SEWA
3. Rubbing the cord with paddy, stretching the placenta a little JM-MRA
4. They do not follow the practice of cleaning different parts of the body separately. But they bathe the body with warm water after the placenta is expelled out. VSK-KRA

III. CONCLUSION:

From the observation of the answers given by the field group it is clear that they lack the knowledge of resuscitation which is very much essential in emergency condition. The other aspects which are explained by the field group to make the new born cry are scientific.

CHAPTER 18

MANAGEMENT OF ABNORMALITIES IN THE NEW BORN

I. CLASSICAL APPROACH IN AYURVEDA

I.1 A NARROWED URINARY OPENING

A. NIRUDHA PRAKAASA LIKE CONDITION

In case of Nirudha Prakaasa, a tube made of iron, wood or shellac should be lubricated with clarified butter and gently introduced in the urethra. The narrow or lard of a bear or of a tortoise or the Chakra thaila mixed with vaatha hara drugs should be sprinkled over the affected part. Thicker and thicker tubes should be duly introduced into the urethra every 3rd day. The passage should be made to dilate in the aforesaid manner and emollient food should be given to the child. As an alternative an incision should be made into the lower part of penis avoiding the Sevani, and it should be treated as an incidental ulcer.

I.2 References

Su. Sa. Chi. 20/43-47.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Banyan root and cumin seeds
are boiled and Kashaaya is given SHJA-KRA
2. Oil is applied to dilate
the urethra CINI-WB
3. Give Katukarohini and massage
with warm water PPST-TN

- II.2 Local traditions not supported by Ayurveda
 1. Nothing VGK-KRA, HOM-KLA
 PRAYOG-MP, LS-MP
 AVR-TN

B. TREATMENT OF GLANDS IN NECK
CLASSICAL APPROACH IN AYURVEDA
 The causes should be identified and treated.

- II. EVALUATION OF LOCAL HEALTH TRADITIONS
 II.1 Local traditions supported by Ayurveda
 1. Massage is done using HOM-KLA
 gingelly oil PRAYOG-MP
 2. Massage is done using SHJA-KRA
 coconut oil CINI-WB
 3. Hot fomentation
 II.2 Local traditions not supported by Ayurveda

III. CONCLUSION

1. Field groups knowledge about the management of Nirudha Prakaasa is nil. Those who are practising it is dangerous except taking of Kashaaya as reported by SHJA KRA and Administration of Katuka Rohini as reported by PPST-TN.
 2. The local health traditions are utilised as primary health care but if no response is observed the child may be referred to specialists.



Care of Newborn

PART VCARE OF THE CHILDCHAPTER 19THINGS USED TO CLEAN THE NEW BORN BABYI. CLASSICAL APPROACH IN AYURVEDA

I.1 The body should be anointed with Bala taila and the baby should be bathed with lukewarm decoctions of

1. Water treated with the barks of five ksheeri trees (nygrodha, sudambara, parisha, plaksha, padapa).
2. Water treated with Eladi group of drugs
3. Water in which red hot gold or silver is immersed
4. Water treated with Kapitha (Feronia elephantum).

ELADI GROUP

Ela yugma, Turushka (Hingu), Kushtha, Jatamansi, Aguru, Sugandhvala, Dhymaka, Sprikka, Chorak, Chodi, Patra, Tagar, Sthaunayak, Jati, Vyaghranakhi, Devadaru, Shrivesthaka, Kunkuma, Chanda, Guggulu, Devdhoopa, Khapur, Punnaag, Naagkesar.

A. H. Su. 15/43.

I.2 References

Su. S. Sa. 10/13.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Oil massage is done and hot water bath is given using Bengal gram (VSK-UP, SHJA-KRA (AVR-TN))
2. Oil massage is done and hot water bath is given using soap (VSK-UP, VGK-KRA, SHJA-KRA, HOM-KLA, JM-MRA, PRAYOG-MP, CINI-WB)

II.2 Local traditions not supported by Ayurveda

1. Bath is given using soap and hot water (CRDP-WB)

Soaps which do not remove the unctuous content of the skin are to be used. Such soaps are not easily available to the communities. Hence, cheaper better substitutes like Bengal gram flour, shikakai powder, etc can be used

III. CONCLUSION

It is very interesting to note that all the field groups have answered the correct procedure. Their knowledge is to be really appreciated and encouraged.

CHAPTER 20TIME TO GIVE WATER TO THE CHILDI.1 CLASSICAL APPROACH IN AYURVEDA

Ayurvedic texts have not mentioned the time to give water to the child directly. But there are indications of noticing the 'thirst' symptoms in the child and the importance of intake of water.

From this we can deduce that water can be given to a child whenever he is thirsty.

RECOGNISE A THIRSTY CHILD

When the child sucks the breast but does not take milk, cries, lips and palate become dry, appears weak, searches for water, i.e. a child is thirsty.

Taking excessive or very less water will cause disease, so to kindle the gastric fire, small amount of water can be given as and when necessary.

Water collected in a clean container, boiled, filtered and then given as and when necessary.

I.2 Reference

Ka. Sam. Vednadhyaaya.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Soon after the delivery, water is given with sugar and dry grapes as per the child's demand (HOM-KLA)
2. On the 1st day cooled, boiled water is given with sugar and dry grapes (HOM-KLA)
3. After bath sugarcandy is added to the water and given (HOM-KLA)

II.2 Local traditions not supported by Ayurveda

1. After 7-8 months water is given. Nothing is added to the water. Water is given as per the child's demand (VGK-KRA, JM-MRA, PRAYOG-MP, CRDP-WB)
2. After 5 days they give water to the child. Nothing is added to it and water is given as per the child's demand (CINI-WB)
3. Soon after delivery water is given about 10-20 tea-spoons but nothing is added (SHJA-KRA)
4. After 2-3 months of delivery water is given without adding anything or with adding sugar or jaggery (SEWA)
5. Soon after birth water is given with honey (VSK-UP).

III. CONCLUSION

1. Water can be given at any time as per the child's need. There is no specific time for giving water in classical approach.
2. Taking excessive or very less water will cause disease to the child. So to kindle the gastric fire, small amounts of water be given as and when required.



Massage

CHAPTER 21MASSAGE AND WATER USED FOR BATH FOR THE BABYI.1 CLASSICAL APPROACH IN AYURVEDA

Massage of the baby with taila for 15 minutes daily improves the complexion of the skin and hair, tones, muscles and blood vessels and exerts a soothing action of the skin and nervous system. If the time at one's disposal is short, one should put oil drops in the ear and massage the head, neck, spine and soles. It improves vision, induces sound sleep and delays aging. Oil massage should be carried out in all seasons except in summer. Oil massage in the head improves vision and is good for all the sense organs and motor organs as well as the hair. The bath should be taken regularly atleast once a day. For a healthy child, use warm water for the body and cold water for the head. One should scrub the skin with a paste of Sarala (devadaru), amalaki and arushkara. Warm water medicated with nirgundi or tulasi leaves is good in rainy season and for children with cold water medicated with katu-nimba, sandalwood or manjishta. Hot water medicated with Katu-nimba or pepper is good for children with Kapha constitution.

Kajal should be used in the eyes prepared out of charcoal powder and oil with honey.

I.2 Reference

1. A. H. Su/2
2. Su. Sam. 44/64

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Mustard oil treated with Asafoetida, Ajawine and lassun is applied on the body in cold season. During other seasons massage is done only with mustard oil. The child is laid in a prone position on the legs of the mother when she is in a sitting position and massage is done on the back, then the child is reversed and massage is done on the stomach, legs and arms. By moving the hands and legs of the child it is made to undergo physical exercise. Everyday oil is applied on eyes, nose, ears, anus and the Navel region. After massage, the sticky liquid of flower is applied all over the body. Upto 6 months kajal made out of mustard oil is used. The kajal prepared out of clove, ajawaine, turmeric, harr and neem leaves may be used according to need. This avoids the child from the evil eye. (PRAYOG-MP)

OILS FOR MASSAGE

Winter - Panchguna Oil,
 Summer - Chandanbala Oil,
 All Seasons - Lakshadi Oil

2. Warm water is used to give a bath (PRAYOG-MP)

3. They use groundnut oil for massage. Massage is done all over the body to strengthen the muscles and to keep the body soft. warm water is used to take bath (SEWA)
4. Baby is massaged by til oil, sometimes turmeric powder and neem powder is also added. Massage lasts 10-15 minutes. All parts of the body are massaged. Lukewarm water is used to give bath. Kaajal is applied in eyes (CRDP-WB)
5. They massage the body using coconut oil prepared from Mallige. Lukewarm water is used to give bath (SHJA-KRA).
6. Baby's body is massaged with oil, then washed with Bengal gram/sikakai powder-soap, cut/soap and also for female baby's turmeric powder is applied (PPST-TN)
7. Gingelly oil is used for message. Leaves of *Daemia extensa*, *Phalakantaka tinduka*, *Cephalanddra indica*, Adaki paste, neem are made into a paste and applied on the body. The massage movement is upward to downward.
8. They use hot water to give a bath (AVR-TN)
9. They massage the body with oil and use turmeric powder for bath. All parts are massaged and lukewarm water is used (HOM-KLA)

Mustard oil should not be used
for massage during summer

10. Ground nut oil or gingelly is used to massage all parts of the body. Warm water is used to give a bath (JM-MRA)

11. Mustard oil is used for massaging the body. All parts are massaged
12. Lukewarm water is used to give a bath (PRAYOG-MP, CINI-WB)

Local traditions not supported by Ayurveda

1. Nothing is done (VGK-KRA)

III. CONCLUSION

All answers given by the field group are correct, but there is a need to orient the community about prakriti parikshan.

CHAPTER 22TOYS (KREEDANAK) FOR THE CHILDI.1 CLASSICAL APPROACH IN AYURVEDA

In the sixth month on an auspicious day, after performing the religious ceremony, a square or circular place about 10-12 inches in length and breadth, marked in the centre of the house, should be decorated with gems, precious stones and articles of gold, silver, copper, iron, pravala etc. Toys having shapes of cow, elephant, horse, camel, ass, buffalo, sheep, goat, monkey, pig, deer, girl, ball and other shapes as approved by the women of the house should be prepared from flour of cereals, mixed with milk, curd, ghee, honey and cow's urine. These toys of food articles should be prepared and kept on the ground of the playroom. While keeping the toys on the ground one should pray to the God.

The infant should be given a bath, dressed in new clothes and ornaments, and should be made to sit on the centre of the designed play site, facing towards east. The toy which the child handles first indicates the natural likes and dislikes of the baby. The toy made out of food articles should be given only for the first time and later, the toys made of wood, cotton and wood should be given.

The toys should be colourful, attractive, musical, light, large, soft, smooth and variegated and should not be sharp or irregular. The colour used should be harmless as the child is likely to lick the toys. Toys should not appear fearful. One should avoid giving small toys as they can be easily swallowed and obstruct the air passage leading to death.

I.2 Reference

1. Ch. S. S. 8/63.

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. Toys are made out of mud, wood or plastic (CINI-WB, JM-MRA, HOM-KLA, CRDP-WB, SEWA, VSK-UP)
2. Toys made out of wood, plastic, cloth and given to play (PPST-TN)

II.2 Local traditions not supported by Ayurveda

1. No toys are given to the child to play (VGK-KRA)
2. Toys made of mud, glass or Bamboo (PPST-TN)

III. CONCLUSION

The answers of the field groups are correct. The toys which are sharp, small, edged, etc should not be given as it may be harmful. Toys made out of mud should not be given because the child puts everything in the mouth and thus it may develop the habit of mud eating. On the whole, there exists a considerable amount of knowledge regarding the role of toys in the child's upbringing.

CHAPTER 23CLOOTHING (VAASAAMSI) OF THE CHILDI.1 CLASSICAL APPROACH IN AYURVEDA

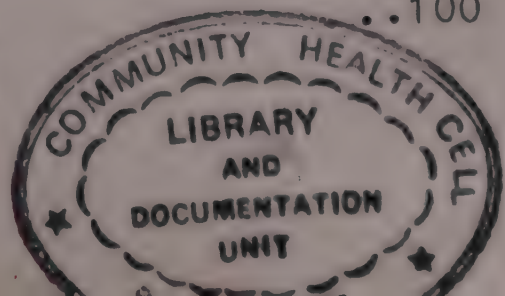
This is a ceremony when the child is first dressed in the traditional cloths. The clothes to be worn for the first time should be tailored by the mother, as the mother make them with love and affection. While the clothes are being worn, one should pray to the God. The child should wear silk clothes in the hot season and woollen during cold season. Clothes should be light, soft, clean and fragrant. They should be changed often and should be fumigated before use. Clothes should be fairly loose. A baby should wear precious stones and beads prepared from horns of deer and cow, buffalo and other animals. Similarly herbs like Aindri, Jevaka, Vadha, Rushabhaka and other articles. They are important for promoting health, intelligence and memory.

Barley, mustard, Athasi, Hingu, Guggulu, Vacha, Choraka, Vayastha, Golomi, Jatila, Palamkasha, Aslokam, Rohini and slough of snake mixed with ghee should be used for fumigation of clothes which are used as beds.

I.2 Reference

1. Charaka Sa. 8/61
2. Kashyap Sam. Khilithan, 12

DR 431
03981



II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1. They clean the infants cloths with soap and water and dry in the sun
 - VGK-KRA, VSK-UP
 - SEWA, CRDP-WB
 - SHJA-KRA, HOM-KLA
 - JM-MRA, PRAYOG-MP
 - CINI-WB, PPST-TN

II.2 Local traditions not supported by Ayurveda

1. Washed in water without soap
 - JM-MRA

III. CONCLUSION

It is very interesting to note that every field group is well aware regarding washing of the clothes. Charaka has mentioned about "What to do for smoking of clothes." None of the field groups know about this. Hence this knowledge be given to them as most of the dhoopan dravyas are cheaply available.

CHAPTER 24DISEASES OF UMBILICUSI.1 CLASSICAL APPROACH IN AYURVEDA

The diseases results from not taking proper precaution while cutting umbilical cord and is associated with bending of the body as in Apataanaka. The treatment consist of administering medicines which subsides Vaata and Pitta.

1. Naabhi Paaka (Umbilical Sepsis)

If the navel shows signs of suppuration, it should be washed with decoctions of, and dusted with powder of Madhuka, Lodhra, Aswagandha, Priyangu, Nisha, neem, Devadaaru. Til Oil or ghee medicated with the same medicines should be applied to navel.

2. Unnata naabhi (Umbilical granuloma)

This should be treated by application of coustics locally by a trained physician.

3. Anunnatha naabhi (Raw umbilicus)

This should be treated with application of powder of or til oil or ghee medicated with Aswagandha, Rasanjana and Madhuka.

4. Tundi or uttundita (Umbilical hernia)

This should be treated with local application of oil and tight bandage. This is a palliative remedy

CHAPTER 25MANAGEMENT OF DISEASES DUE TO VITIATED BREAST MILK.I. CLASSICAL APPROACH IN AYURVEDAPURE BREAST MILK (PAANA YOGYA STHANYA)

The breast milk of a mother or nurse should be tested by casting it in water. Pure and healthy milk is this, cold, clear, tinged like the hue of a conch shell, is easily mixed in water; gives rise to no froths or shreds, neither floats nor sinks in water. The milk which instantly mixes with water, tastes sweet and retains its natural greyish tint and is pure, conducive to nourishment and health.

Su. Ni. 10/25 and Sha.10/31

1.1 Eight defects of breast milk and how they affect the suckling; their treatment :

1.1 VAATA VITIATED BREAST MILK

CAUSE	Eating dry articles; Vaata vitiating factor
DOSHA	Vaata gets vitiated
PLACE OF DERANGEMENT	Breasts

TYPE OF VITIATION IN MILK	Distasteful	Frothy	Ununctuous
EFFECTS ON CHILD	A. Does not relish milk B. Emaciation	A. Weak of voice B. Stasis of feces, urine, flatus C. Headache/ cold, othe- -er disea- -ses pos- sible by vitiating Vaata	A. Strength reduced
TREATMENT TO MOTHER	1. Decoction of Dasha moola for 3 days OR decoction of chitraka, vacha, patha, katuki, kustha, Ajemoda, Bharangi, Devadaru, Sarala, Vrischikali(Kakanara), pippali, maricha for 3 days. In Astanga Sangraha ginger has also been taken for preparation of decoction. 2. Then give medicated ghee for subduing vaata; then lgith clear wine is given. 3. In this way after the mother has been properly abated, mild purgative (like fruit pulp of Aragwadha or leha prepared from Rose petals) is given. 4. Vaata subsiding fomentation anointing etc are done.		
DETAILED TREATMENT	DISTASTEFUL MILK	FROTHY MILK	UNUNCTUOUS MILK
	1. SARIVA, MADHUKA, DRAKSHA paste is given	1. PATHA, NAGARA, SHARNGE- STA(Kak- ajangha), MURVA paste is given wi- th warm water	1. Mother is given milk or ghee prepared from milk purifactor medicines (PATHA, MAHOSA- DHA, DEV- ADARU, MUSTA, MURVA,
	2. Paste of KSHIPA KOKOLI is given with lukewarm water	2. Extract RASANJANA dry GINGER,	

3. Apply to the two breasts, lepa of PANCHAKOLA, KULATTHA. This is washed after drying. Milk is pressed out of breasts.

DEVADARU, bark of roots of BILWA, fruits of PRIYANGU are pasted and 2. applied over the breasts. This is washed after drying. Milk is pressed out of the breasts

3. Mother is given decoction of Kirata titka, Sunthi, guduchi

4. Breasts should be applied with a paste of barley, wheat and mustard. On drying, this paste is washed and milk is removed

GUDUCHI, VATSARA fruits, KIRATA TIKTA, KATUKA ROHINI, SARIVA
Ch.Su.IV/12

2. warm paste of JEVAKADI PANCHAMULA should be applied (JEEVAKA, RISHABHAKA, MEDA, JIVANTI, SATAVARI
Ch.Chi.I/I/44

I.2 PITTA VITIATED BREAST MILK

CAUSE

A. Hot articles

3. And similar other factors

DOSHA

Pitta gets vitiated

PLACE OF DERANGEMENT

Breasts

TYPE OF VITIATION IN MILK	DISCOLOURATION OF MILK into bluish, yellowish, dark, etc.	BAD SMELLING BREAST MILK
EFFECTS ON CHILD	1. Abnormal complexion 2. Perspiration 3. Thirst 4. Diarrhoea 5. Constant warmth in body 6. Dislike to suck the other breast 7. Diseases possible by vitiated pitta	1. Anemia 2. Jaundice
GENERAL TREATMENT	1. Both mother and child are given decoction of guduchi, shatavari, patala, nimba, rakta chandana, Sariva or 2. Decoction of thriphala, musta, bhu, nimba, katuka rohini or 3. Decoction of SARIVADI group of drugs or 4. Decoction of PATOLADI group of drugs or 5. Decoction of PADMAKADI group of drugs or 6. Ghee prepared from any one of the above 7. Give Pitta depleting purgatives 8. Cooling remedies, anointings and plasters	
DETAILED TREATMENT	DISCOLOURATION	FETID SMELL
	1. Mother is given a paste of yastimadhu, mridwika, ksheera vidari (Papasya- ksheera Kakoli?) Sinduvarika (white variety of nirgundi) with cold water 2. Paste of draksha and madhuka should be applied on breasts. when dried, the breasts should be washed with water and milk drawn out repea- tedly	1. Vishanika (Har- -kata Srang) Ajasingi, tri- phala, haridra and vacha are given with cold water 2. Give a linctus of Haritaki, Thrikatu and honey keeping her on whole- some diet. 3. Paste of Sariva Usheera, Manji shtha, Slesh- mataka, Kuchan- dana or 4. Paste of Patra, Hreepara, Chan- dana and Usheera is applied on breasts

I.3 KAPHA VITIATED BREAST MILK

CAUSE	A. Heavy articles of food and B. Similar other factors		
DOSHA	Kapha gets vitiated		
PLACE OF DERANGEMENT	Breasts		
TYPE OF VITIATION IN MILK	UNCTUOUS	SLIMY	HEAVY
EFFECTS ON CHILD	A. Vomiting B. Straining (while defe- cating) C. Dribbling of Saliva D. Increase of mucus in body channels like nose and mouth E. Sleepiness F. Exhaustion G. Dyrpnoea H. Cough I. Asthma J. Other diseases possible by vitiating Kapha	A. Salivation B. Swelling of eyes and face C. Dullness	A. Hādṛoga B. Many diseases caused by vitia- -tion of milk
GENERAL TREATMENT	A. Child is given ghee mixed with yastimadhu and rock salt B. Ghee mixed with rock salt and pippali C. Paste of flowers of madanaphala with honey is applied over the breasts. By this the child will vomit easily. D. Wet nurse is given a good emetic E. Peyadi Samsarjana is followed F. Decoction of MUSTADI GANA is given G. Similarly decoction of Tagara, Krishna, Jeeraka, Devadaru, Seeds of Kutaja (Indra- -yaṁ) or H. Decoction of Alivisha, Musta, Vacha and Panchokola is given.		

DETAILED TREATMENT	UNCTUOUS	SLIMY	HEAVY
	A. A paste of Devadaru, Musta, Patha added with rock salt is given with warm water to wet nurse for quick purification	A. Decoction of Sarngesta, Haritaki, Vacha or/and Decoction of Musta, Sunthi and Patha is given to wet nurse B. Give (Tekrasta) fermented whey to drink C. As before apply plaster of Vidari, Bilwa and Madhuka	A. Decoction of Traya- mana, guduchi, Nimba, Patola and Thriphala or B. Decoction of pipplimula, chavya, chitraka and Sunthi C. Apply to the breast a paste of Bala, Sunthi, Sarngesta and Murva or D. Apply to the breast a paste of Prisiniparni and Payasya.

I.4 Diet indicated for lactating mother for alleviating remnant doshas

Cereals of sali and shastika rice, syamaka, priyang kodrava, barley and seeds of bamboo and cane processed with some unctuous substance are beneficial.

For vegetarian (Soup) - green gram, masur (lentils) and horse gram are useful. Soups should be prepared with tender leaves of nimba and vetra, kulaka, vartake and amalaka added with TRIKATU and rock salt.

III. CONCLUSION

The local communities have a concept of vitiation of breast milk and its effect on child. The local communities have very little knowledge regarding the medications to be used to check the vitiation.

CHAPTER 26TEETHING DISORDERSI. CLASSICAL APPROACH IN AYURVEDAI.1 Disorders of dentition

At the teething time, children suffer from all sorts of disorders, specially with fever, diarrhoea, cough, vomiting, headache, conjunctivitis, trachome and erisipelas. There is no complaint that may not occur at teething time. Intolerable pain occurs all over the body during dentition.

I.2 Treatment

Troublesome treatment, strict diet are unwanted. Disorders of dentition subside on eruption of teeth.

1. Apply to the gums of the children (while teething) the powder of flowers of pippal/dhataki/fruits of amalaki with honey
2. Mix the dried flesh of lava (quail) and tiltiri (porridge) powder mixed with honey. This is applied over gums for quick appearance of teeth.
3. Ghee prepared from vacha, brihati, kantakari, patha, katuki, ativisha, amurta and jeevaneeye gana is a tested remedy.
4. Rajanyadi churna is given
5. Remedy of kashyap for various diseases in connection with teething :

Prepare decoction of samanga, dhataki, lodhra, bala, atibala, mashparni, mudga, unripe bael fruit, karpuri phole. Add milk and butter milk; and cook with ghee

I.3 Reference

1. H. U. 2/26-43
2. Kaumar Shritya Raghuveer Prasad Trivedi

II. EVALUATION OF LOCAL TRADITIONS

II.1 Local traditions supported by Ayurveda

1.1 Diarrhoea

- | | |
|---|----------|
| a. Jambulam twigs juice is given | VGK-KRA |
| b. Sugar and salt with water is given | SEWA |
| c. Pomegranate skin is made into a paste form and given | SHJA-KRA |

1.2 Vomiting

- | | |
|-----------------------------------|----------|
| Lemon juice with chakram is given | SHJA-KRA |
|-----------------------------------|----------|

II.2 Local traditions not supported by Ayurveda

2.1 Fever

- | | |
|--|----------|
| a. Wax is smeared over the body | VGK-KRA |
| b. Turmeric jaggery and onion are mixed with water and given | SHJA-KRA |

2.2 Abdominal pain

- | | |
|---------------|---------|
| No medication | VGK-KRA |
|---------------|---------|

III. CONCLUSION

1. The local communities have the basic knowledge that during teething, the child does suffer from diseases
2. They lack in the knowledge of medical administrations which can be helpful for teeth eruptions
3. They have limited knowledge regarding the medications and line of treatment of the teething disorders.

CHAPTER 27MANAGEMENT OF DISEASES IN CHILDRENA.I. CLASSICAL APPROACH IN AYURVEDA

Infants and children are prone to diseases like adults but to a milder extent. The signs, symptoms and treatment are similar. Diseases in infants are caused by drinking breast milk vitiated by doshas. In that case, treatment is to be given to the mother also. Avoidance of causative factors is the basic principle of treatment. Before administering medications, doshas, dushya, dosh, kaal, bal, akal, prakriti, maya, satva, stamya etc are to be examined. An exhaustive list of medicines as per Ayurveda cannot be given in this limited space. Some of the simple, effective medications have been enumerated here, as well as basic principles of treatment have been given for every condition of diseases. Though TMA's will have difficulty in identifying these particular conditions.

Doshas, dushyas and malas as well as disorders which are in adults are entirely the same in children with only difference being that their quantity is less.

Emesis etc. are avoided in children looking to their delicacy, dependence on others and incapability with respect to speech and movements. The learned physician should administer drugs to children in smaller doses according to the disease and mostly sweet, astringent with latex of soft ones cautiously.

Excessively unctous rough, hot, sour, pungent in vapaka and heavy drugs, foods are contra-indicated.

This is the treatment of all diseases pertaining to children, in brief.

I.1 Some of the medications as per Ayurvedic texts are given below :

1. Constipation

1. Pulp of Araghvadh fruit can be given in 1/2 teaspoon (tsp) dose with suitable vehicle i.e. sugarcandy, honey, jaggery as per the doshas
2. Rose petal and sugar candy mashed together, can be given in 1 tsp dose
3. Triphala kasha can be given with honey and sugar, at night.

NOTE: Virechana's are to be given atleast 2 hours after the last meal of the day i.e. at night.

KASHAYA CHURNA

METHOD OF PREPARATION

DRUGS ARE CLEANED, DRIED AND COARSELY POWDERED, WEIGHED AND THEN BLENDED WELL, TO BE PRESERVED IN AN AIR TIGHT CONTAINER. THIS IS TO BE USED WITHIN ONE YEAR. WHEN KASHAYA IS TO BE PREPARED, FOUR TIMES WATER IS TO BE ADDED AND BOILED WITHOUT COVERING THE CONTAINER. THIS IS TO BE REDUCED TO A QUARTER OF THE ORIGINAL. IT IS FILTERED AND USED IN LUKEWARM CONDITION.

2. Jaundice

1. Vaasa swaras 1 tsp with 1 tsp of honey
3 times a day (Sharangdhar samhita)
2. Nimba patra swaras with honey 1 tsp, three
times a day (S.S. has attributed pishleshma
pittahara properties to Nimba)
3. Katuki powder and haritaki powder with
honey, 1/2 tsp 3 times a day.

3. Colic and Pain

1. Powder of Ajmoda with honey and hot water
in 1/4 tsp 3 times a day
2. Hingvashtak churna, 1/4 tsp 3 times a day
with hot water or ghee

HINGVASHTAKA CHURNA	
INGREDIENTS	PARTS USED
1. SUNTHI (ZINGIBER OFFICINAE)	RHIZOME
2. MARICHA (PIPER NIGRUM)	FRUIT
3. PIPPALI (PIPER LONGUM)	FRUIT
4. AJAMODA (APIUM GRAVEOLENS)	FRUIT
5. SAINDHAVA (ROCK SALT)	
6. SVETA JIRAKA (CUMINUM CYMINUM)	FRUIT
7. KRISHNA JIRAKA (CARIUM CARVI)	FRUIT
8. HINGU (FERULA FOETIDA)	EXUDATE
ALL ARE TO BE TAKEN IN EQUAL PARTS	
DOSE - 1/4 TSP to 1/2 TSP	
VEHICLE - GHEE	
METHOD OF ADMINISTRATION - IN FIRST MORSEL OF FOOD	
IMPORTANT THERAPEUTIC USES - INDEGESTION, ABDOMINAL COLIC, ETC.	
(REF: BHAI SHAJYA RATNAVALI, AGNIMANDYADIROGA- DHIKARA/59)	

4. Eye Diseases:

1. Light and easily digestible food should be given to the child
2. Breast milk with honey can be applied
3. For children sustaining on breast milk, a decoction made of patola, musta, guduchi and ¹Triphala - measuring 1 tea cup should be given to the mother

5. Breathlessness

1. Tulasi juice and betel leaves 2 tsp can be given with sugar, frequently
2. Kashya of pushkarmool 2 tsp can be given, frequently
3. Bharangi and dry ginger paste is given with honey 1/2 tsp, 3 times a day

6. Fever

1. 1/2 cup of Kashaya made of musta and parpata can be given early in the morning (on an empty stomach)
2. 1/2 cup of kashaya made from dry ginger, hari-taki and Amruta can be given with honey, 3 times a day
3. Kirattikta juice with honey 4 tsp can be given 3 times a day

7. Diarrhoea

1. Kutaj twak (bark), churna or seeds churna can be given with honey in 1/4 tsp dose, 3 times a day
2. Bilva phala majja (pulp) can be given with honey in 1/4 tsp dose 3 times a day.
3. Churan made from peel of dadimba can be given with honey in 1/4 tsp dose, 3 times a day

8. Vomiting

1. Juice of guduchi with honey can be given in a dose of 4 tsp, frequently
2. Clean ash of peacocks feather with honey can be given 1/4 tsp, 3 times a day

9. Cough and Cold

1. Vasa juice with honey 2 tsp can be given 3 times a day
2. Kantakari juice with honey 2 tsp can be given 3 times a day

10. Malnourishment

1. If malnourishment is due to Agnimandya, Hingvashtak churna, 1/2 tsp with ghee can be given
2. If it is due to lack of nourishment, suitable supplements of food and medicines are to be given. e.g. Bala decoction with honey can be given in a dose of 4 tsp 3 times a day

11. Worms

1. Vidanga powder with honey in dose of 1/2 tsp can be given with food
2. Powder made from bark of root of Dadimba with honey can be given in doses of 1/4 tsp 3 times a day
3. Powder made from palasha beej with honey in a dose of 1/4, 3 times a day

I.2 References

1. Ashtanga Hridaya
2. Sharangdhar Samhita
3. Indian Materia Medica by Nadkarni

II. EVALUATION OF LOCAL HEALTH TRADITIONS

II.1 Local health traditions supported by Ayurveda

1. Constipation

1. Castor oil (PPST-TN)
2. Hot water and vacha (PPST-TN)
3. Hingu, jeerak and marich (PPST-TN)
4. Hot water (AVR-TN, SHJA-KRA)
5. Castor oil with breast milk (AVR-TN)
6. Small stick of tamarind tree is introduced into the anus (AVR-TN)
7. Rub paste of Haritaki and jatiphal
8. Jeera decoction (SHJA-KRA)
9. Jaiphal rubbed to form a paste in lemon juice, and given orally (VSK-UP)
10. Triphala rubbed in mother's milk (VSK-UP)
11. Chowbhuji with honey (VSK-UP)
12. Beed lavan, ajwain and haritaki, dried ginger rubbed in mother's milk (VSK-UP)
13. Fig seeds rubbed in breast milk (VSK-UP)
14. Massaging warm oil on stomach (VSK-UP)
15. Betel leaf stalk is introduced into the rectum (CRDP-WB, CINI-WB)

2. Jaundice

1. Mulaka juice is given orally (VSK-UP)
2. Dadimba juice with sugar candy (VSK-UP)
3. Sugar cane juice (SHJA-KRA)
4. Bhoomiamlaki paste with milk (PPST-TN)
5. Shalmali leaves juice (PPST-TN)

3. Colic Pain

1. Burnt Vacha or Vacha (PPST-TN)
2. Burnt Vacha, katurohini and shunthi mixed with breast milk (PPST-TN)
3. Soaked lime applied on abdomen (PPST-TN)
4. Hot fomentation over the abdomen (VGK-KRA, SURYA-MP, CRDP-WB)
5. Paste made up of shunthi and tulsi is given internally (VSK-UP)
6. Boiled water is given (SHJA-KRA)

4. Eye Diseases - Conjunctivitis

1. Breast milk (SEWA, HOM-KLA, SHJA-KRA, PPST-TN, CRDP-WB)
2. Onion juice is applied as an eyedrop (AVR-TN)
3. Juice of punarnava with sugar (PPST-TN)
4. Goat's milk (PPST-TN)
5. Paste of haritaki mixed in tulsi rasa is heated slightly and is applied on the eyes (VSK-UP)
6. A cloth/swab dipped in goat's milk is placed on the eyes (VSK-UP)
7. A paste made of Asfotida and Ajmoda in milk, is given to the child (VSK-UP)
8. Honey is applied in the eyes (VSK-UP)
9. Powder of Haridra and Ajmoda is heated and applied on the eyes (VSK-UP)

5. Breathlessness

1. Apply oil on the chest and foment with 'Atasi' seeds (CINI-WB)
2. Juice made up of vasa, jambeera and paarijata is given internally (SHJA-KRA)

3. Juice made up of milkhedge and kapoorvalli (PPST-TN)
4. Camphor and coconut oil applied on chest (PPST-TN)
5. Tulasi juice mixed with honey (VSK-UP)
6. Green bamboo juice with honey (VSK-UP)

6. Fever

1. Kutaki powder with sugar or honey (VSK-UP)
2. Decoction made of tulasi and betel leaf (VSK-UP)
3. Decoction made of guduchi (VSK-UP)
4. Pepper paste in milk (VSK-UP) (Internally)
5. Decoction made of tulasi and guduchi (VSK-UP)
6. A combination of shunti, mareecham, hinga (PPST-TN)
7. Tulasi leaves juice is given orally (SHJA-KRA)
8. Should not give bath (CTNI-WB)

7. Diarrhoea

1. Peel of dadima is given (SHJA-KRA)
2. Garlic boiled in milk (PPST-TN)
3. Shunti, jeeraka, mareecha and nimba (PPST-TN)
4. Vacha, jeeraka, hingu, lasuna (PPST-TN)
5. Tender leaves of nirgundi and shunti
6. Juice made of banyan tree leaves (SEWA)
7. Honey and tender coconut (HOM-KLA)
8. Honey and vacha (Burnt) (AVR-TN)
9. Burnt feather of peacock with honey (AVR-TN, VSK-UP)
10. Water boiled with lavang (cloves) is given (VSK-UP)

8. Vomiting

1. Basil leaves juice with honey
2. Give a paste of Jatiphal (VSK-UP)
3. Ahiphenam alongwith onion juice (VSK-UP)
4. whey water is given (VSK-UP)
5. Juice made of tulasi and betel leaves are heated and given (VSK-UP)
6. Aheephen and dry dates paste is given with milk (VSK-UP)
7. water boiled with 'Mishreya' (Sonf) (VSK-UP)
8. Cumin and Asafoetida are given together, as well as separately (PPST-TN)
9. Distilled extract of Ajmoda (PPST-TN)
10. Burnt peacock feather, cardamom, drumstick leaves and silkash with honey (PPST-TN)
11. Lemon leaf is crushed and inhaled (CINI-WB)

9. Cough and Cold

1. Crushed tulasi leaves with honey, are given (CRDP-WB, CINI-WB, VSK-UP)
2. Paste made up of oil, mango leaves, tobacco leaf and lime, is rubbed on the neck of the child (CRDP-WB)
3. Vaasa leaves juice (CINI-WB)
4. Tulasi and betel leaf juice with honey is given (PPST-TN)
5. Til oil medicated with Drona pushpi flowers is applied on the head (PPST-TN)
6. Karpurvalli is given (PPST-TN)
7. Camphor and coconut oil is applied (PPST-TN)
8. Tulasi leaf juice with pepper, honey are given (AVR-TN)
9. Decoction of pepper, tulasi, dry ginger and salt can be given (VSK-UP)

10. Warm juice made from betel leaves, clove, turmeric and ajwain are given (VSK-UP)
11. Powdered pepper with honey is given (VSK-UP)
12. Ginger juice with honey (VSK-UP)
13. Extract of khadira with sugarcandy and milk (VSK-UP)
14. Asafoetida is applied on 20 nails

10. Distended Stomach

1. Decoction of misreya (sonf) and ajwain can be given with honey (VSK-UP)
2. Hot water fomentation on abdomen (VSK-UP)
3. Coconut oil, heated with camphor, is massaged on the stomach (AVR-TN)
4. Abdominal massage with castor oil is done (AVR-TN)
5. Paste of Katukrohini mixed with breast milk is applied on the abdomen (PPST-TN)
6. Paste made from sweet flag (vacha) is applied (PPST-TN)
7. Hot fomentation on the abdomen (as palli-ative) (CRDP-WB)

11. Convulsions and Fits

1. Pippalimcol rubbed in breast milk is given (VSK-UP)

12. Refusing breast milk

1. Vacha is rubbed and the paste is applied on the baby's tongue, breast feeding follows thereafter.
2. Apply exudate from the big tree onto the tongue (PPST-TN)

3. Hingu, jatiphal, cumin, jeerak, pepper, garlic, turmeric and majuphal are rubbed and given internally (PPST-TN)
4. Apply honey on nipple and try breast feeding

II.2 Local health traditions not supported by Ayurveda

1. Constipation

1. Sugar boiled in water (HOM-KLA)

2. Jaundice

1. Paste made from bhoomi-amlaki mixed with goat's urine (AVR-TN)

3. Conjunctivitis

1. Application of surma/kajal is harmful as ajnana or aschotana are not indicated in acute stages
2. Application of ark ksheer on 20 nails of the child (VSK-UP)

3. Fever

1. Small bag containing crushed garlic is given to smell (VSK-UP)
2. Camphor and coconut oil, in case of fever is reported by PPST-TN. This is not supported in the initial stages in Ayurveda
3. Application of a moist cloth on the forehead which is incomplete and not supported in the initial stages by Ayurveda (CINI-WB, CRDP-WB)
4. Application of jathiphal paste (SURYA)

4. Pneumonia : TMA is not supposed to handle this disease. Treatment should be done at specialised centres only

5. Rickets : -do-

6. Malnutrition : "

7. Chicken Pox : "

8. Meningitis : "

9. Scabies

1. Khadira powder can be given, 1/4 tsp (tea spoon) thrice with honey or suitable vehicle
2. Bath with neem bark
3. Apply mustard, neem or karanj oil
4. Avoid salt, sour things
5. Clothes of the child should be cleaned, dried in sunlight, fumigated and kept separate
6. Yashtimadhu churna can be given, 1/4 tsp thrice with honey
7. Juice of Atimanjari (Acalypha Indica) with common salt may be applied externally

10. Anemia

1. Ashwagandha in ksheer pak
2. An iron spoon, heated red hot is dipped in milk. Procedure is repeated 21 times. That milk is to be given daily

11. Whooping Cough

1. Take the decoction of vasa-roots with some honey and powder of long pepper - 50 ml with 3 grams and one teaspoon.

2. Ginger juice with honey is also a remedy - Half teaspoon with one teaspoon honey
3. Take about 250 mg of chibilie (Kadukkar) myrobalass powder with some honey or equal quantity of liquirice root (yasti madhu) powder
4. Dronapushpi's leaf juice with honey is useful - half teaspoon with half teaspoon honey

12. Diarrhoea

1. Take the pulp of Bilwa fruit alongwith sugar - 3 grams
2. Take powdered nut gall and mix with some honey - 1 gram

13. Boils

1. Grind margasa leaf and turmeric into a paste and apply
2. Grind banana flower into a paste and apply externally

14. Ear Infection

1. Put a little gum gugulu on cinders and let the aromatic fumes enter the ear
2. Mix a little honey with jasmine leaf juice and use as ear drops - 4 drops

15. Fever

1. Decoction of parpatak relieves Pyrexia - 25 ml
2. Decoction of guduchi with some black powder will relieve chronic fevers - 25 ml and 1 gram.

3. Tulasi leaf juice and Dronapushpi (Lucaosaspera) alongwith some black pepper powder will cure periodic fevers - two teaspoon and 3 grams

16. Worms

Administer 5 grams of finely powdered Vidanga (Embellia ribes) at bed time with milk.

I.2 Reference

Simple Home Remedies in Herbal Medicine
(A Government of Tamil Nadu Publication)

II. EVALUATION OF LOCAL HEALTH TRADITIONS

1. Local traditions supported by Ayurveda

1. Tuberculosis

1. Treatment is taken at the hospital (CRDP-WB, CINI-WB, SHJA-KRA, PPST³/₄TN, AVR-TN, HOM-KLA, SEWA)
2. Ass's milk can be given (VSK-UP)
(Ref: Charak Sutra 27/221)
3. Deshi pipal (Pippali), sugar and raisins are to be given morning and evening (VSK-UP)

2. Tetanus

Treatment is taken at hospital (VSK-UP, HOM-KLA, AVR-TN, PPST-TN, CINI-WB, CRDP-WB)

3. Polio

1. Treatment is taken at hospital (CRDP-WB, CINI-WB, SHJA-KRA, PPST-TN, HOM-KLA, SEWA, AVR-TN)

2. Water boiled with black gram (maash) and ginger is given (VSK-UP) (Can be given only in emaciation as per Ayurvedic concept)
3. Massage with old ghee (only in cases of emaciation) (VSK-UP)
4. Powder of vachas or shunti is given with honey (VSK-UP)
5. Vacha and jeera powder can be given with honey

4. Pneumonia

1. Lasun juice with honey (VSK-UP)
2. 1/2 rati of hingu with water (VSK-UP)
3. Treatment is taken at hospital (HOM-KLA, CINI-WB, CRDP-WB, SHJA-KRA)
4. Apply camphor and coconut oil (PPST-TN)

5. Under-nourishment

1. Treatment at hospital (CRDP-WB, CINI-EB, PPST-TN, AVR-TN)
2. Eggs, lentils (PPST-TN)
3. Eggs, cow's milk (SHJA-KRA)
4. Pulses are given (VGK-KRA) details required

6. Anemia

1. Almond rubbed in milk (VSK-UP)
2. Milk (VSK-UP)
3. Treatment from doctor (VSK-UP, AVR-TN, SEWA, SHJA-KRA, CRDP-WB, CINI-WB)
4. Juice of leaves of Bhoomi-amalaki (PPST-TN)

7. Rickets

1. Milk and vegetables (CRDP-WB)
2. Treatment from doctor (CINI-WB, HOM-KLA, AVR-TN)

8. Scabies

1. Neem leaf crushed and applied (CRDP-WB)
2. Turmeric with neem leaves paste (CINI-WB, PPST-TN, HOM-KLA) is applied
3. Coconut oil and turmeric is applied (PPST-TN)
4. Paste of leaves of Atimanjari and turmeric is applied (PPST-TN, AVR-TN)
5. Treatment from hospital (PPST-TN, SEWA, AVR-TN)
6. Burnt powder of tulasi and banana leaves is applied (SHJA-KRA) (should be applied after observing stages of Ayurveda)
7. Neem oil is applied (VSK-UP, AVR-TN)
8. Lime juice with jasmine (chameli) oil is applied (VSK-UP)
9. Juice of tulasi leaves is applied (VSK-UP)

9. Measles

1. Performing pooja (VSK-UP) (only a part of treatment)
2. Paste of neem leaves is applied (AVR-TN)
3. Treatment from hospital (AVR-TN)

10. Whooping Cough

1. Treatment is taken from a doctor (CRDP-WB, (CINI-WB, SHJA-KRA, HOM-KLA)
2. Juice of basil leaves with honey and pepper is given (AVR-TN)

3. Kantakari, dried is given with honey (VSK-UP)
4. Ginger with honey (VSK-UP)
5. Juice of tulasi with honey (VSK-UP)
6. Young raddish with sugarcane juice is given (VSK-UP)
7. Roasted clove with honey is given (VSK-UP)
8. Almond rubbed in milk and mixed with honey is given (VSK-UP)

11. Boils

1. Neem leaves crushed and mixed with honey are applied (VSK-UP)
2. Bark of shalmali mixed with goat's milk is applied (VSK-UP)
3. Inner bark of nimba is rubbed and applied (VSK-UP)
4. Poultice of flour, turmeric and onion is applied (VSK-UP)
5. Garlic paste is applied (AVR-TN)
6. Poultice of leaves of karveer and hapusha is applied (AVR-TN)
7. Neem leaves paste is applied (PPST-TN)
8. Neem leaves and turmeric paste is applied (PPST-TN)

12. Ear Infections

1. Coconut oil heated with asafoetida is poured in ear (PPST-TN)
2. Warm oil is put in ear (CRDP-WB, AVR-TN)
3. Doctor's treatment (CINI-WB)
4. Turmeric or arecanut juice is put in ear (SHJA-KRA)

5. Sudarshan leaf juice is heated and instilled in ear (Nad. P 389)
6. Onion juice is heated and 2 drops are instilled (VSK-UP)
7. Mustard oil is heated and instilled (VSK-UP)

13. Menengitis

1. Treatment from doctor/hospital (CRDP-WB, AVR-TN, SHJA-KRA, PPST-TN, SEWA, HOM-KLA)

14. Pox

1. Neem leaves are used (VSK-KRA)
2. Sandalwood smoke (VGK-KRA)
3. Bath with turmeric tube (VGK-KRA) (depending on stage - not when there is fever)
4. Hot water bath (depending on stage) (VGK-KRA)

2. Local health traditions not supported by Ayurveda

1. Polio

1. Use of honey and hot water (VSK-UP)

2. Mal-nourishment

1. Eat more greens. More details are needed to classify (PPST-TN, HOM-KLA)
2. Sheep milk with salt (VSK-UP)
3. Child's garments coloured in guduchi extract.

3. Measles

1. Mud is applied on body in measles (VSK-UP)

4. Whooping Cough

1. Flesh of crocodile is given (PPST-TN)
2. Write the child's name on the bark of drum stick tree on Sunday morning (PPST-TN)
3. Alum (sfatika) is given with hot water (VSK-UP)
4. Coconut oil is given internally (VSK-UP)

5. Boils

1. Salt water and hot mud from stove is applied in boils (CRDP-WB)
2. Ear is washed with areca juice mixed with salt in ear infection (SHJA-KRA)
3. Moist cloth is applied on forehead in menengitis (CINI-WB)

II.3 Area for research

1. Root of 'chidchid' and pepper are powdered and hasya is given (VSK-UP)
2. Juice of Bryoinia (dadamba) Nadkarm P 218 leaves in pneumonia is given (PPST-TN)
3. Ixora flower, rice and jaggery is also given in anemia (HOM-KLA)
4. Juice of grass in malnourishment (VSK-UP)
5. Juice of Ark in mustard oil is applied over the body in scabies (VSK-UP)
6. Juice of onion with jaggery in measles (HOM-KLA)
7. Saffron fruit is tied on neck in whooping cough (PPST-TN)
8. Maize pod (doda) is burnt, crushed and given with honey in whooping cough (VSK-UP)

9. Juice of marigold leaf is instilled in ear in case of infections (VSK-UP)

III. CONCLUSION

1. There exists a rich and vast knowledge of recognising a disease and the formulation of drugs in the local communities.
2. Most of the communities reported taking doctor's advice. This is observed in the communities who are nearer to the health care centres.
3. The medications of the local communities are classified only on the basis of sound or hazardous practices. No single therapy is curative without examining the disease
4. More data on medications is available in the survey but due to our inability to analyse the local dialect, they are not included
5. It is difficult to analyse the medications available as indepth knowledge pertaining to their administration is required.

CHAPTER 28

DEATH OF THE BABY IN DIFFERENT AGE-GROUPS AND REASONS.

AGE GROUP	NO. OF CASES	REASON	REPORTING AGENCY
0-1	5	PNEUMONIA, TETANUS	VSK-UP
0-1	5	HALF OF THE BODY WHITE AND HALF BLACK BREECH PRESENTA- TION - KICK FROM THE WITCH.	JM-MRA
1-5	1	ABDOMINAL PAIN	JM-MRA
0-1		DIARRHOEA, TETANUS, LACK OF BREAST MILK, ANEMIA, FEVER	AVR-TN
1-5		DIARRHOEA, TYPHOID, MALARIA TETANUS, ANEMIA	AVR-TN
5-12		TETANUS, INSECT BITE ACCIDENTS	AVR-TN
0-1	21	PREMATURE DELIVERY, VOMITING, DIARRHOEA	VGK-KRA
1-5	2	DID NOT PASS STOOLS	VGK-HRA
5-12	1	ACCIDENT	VGK-HRA
0-1	109	FEVER 27 MEASLES 10 BRONCHO- PNEUMONIA 23 DIARRHOEA 31 TYPHOID 2 SMALL POX 1 TETANUS 7	ICMI-WB

AGE GROUP	NO OF CASES	REASON	REPORTING AGENCY
1-5	98	DROWNING IN POND 10 MAL-NUTRITION 5 TETANUS 11 WHOOPING COUGH 5 MEASLES 15 DIPHTHERIA 14 DIARRHOEA 17 FEVER 14 JAUNDICE 7	CINI-WB
0-1	18	CHICKEN POX, DIARRHOEA OR MEASLES 8 FEVER 1 DIARRHOEA AND INDIGESTION 9	PPST-TN
1-5	10	MEASLES/CHICKEN POX 4 JAUNDICE 2 DIARRHOEA 4	PPST-TN
5-12	6	MALARIA 1 JAUNDICE 1 POLIO, MYELITIS 1 INDIGESTION 2 DUE TO DROWNING IN WATER 1	PPST-TN
0-1		MALNUTRITION MEASLES DIARRHOEA	
1-5		POLIO DROWNING POISONING	CRDP-WB
5-12		ACCIDENTS DROWNING	CRDP-WB
0-1		RESPIRATORY TRACT INFECTION	SEWA

AGE GROUP	NO OF CASES	REASONS	REPORTING AGENCY
1-5		DIARRHOEA VOMITING FEVER VIRAL INFECTION	SEWA
5-12		FEVER TRAUMA	SEWA

CHETNA

An All India Study on Traditional Practices in Maternal
and Child Health Care

Questionnaire regarding traditional practices followed during
PREGNANCY

Name of Surveyor :

Date :

Area : Tribal/Slum/Rural/Urban

Name of the village :

A. Name of the respondent :

B. Caste :

C. Age :

D. Education :

E. Address :

F. Please note your comments and general remarks regarding
the socio-economic status of the respondents family.

1221

Ask the following questions to the women of the house

- 1. Do you confirm pregnancy? When? How?
- 2. Can you estimate the date of delivery? How?
- 3. Is there any tradition to consume a special diet or foods during every month of pregnancy?
 - a. Yes No
 - b. If yes, which foods at what month and why?

Period	Foods	Reasons
During first three months		
During 4th, 5th and 6th month		
During last three months		

- 4. What foods should be avoided or should be taken in more amount during pregnancy?

Foods avoided	When	Reason
---------------	------	--------

Foods consumed

5. Does a pregnant woman wish strongly to eat any particular food or any other materials (e.g. Mud, clay material, sour foods, etc.)

Yes

No

Which foods or materials? Reason(s)

6. Does a pregnant woman wish to do some special activities (such as running, walking) or are there any changes in behaviour (e.g. irritability)

a. Yes

No

Which activities Reasons

- b. Is there any relation between the above activities and the unborn child?

Yes

No

If yes, which pre-conceived notions exist in the community?

7. What are the do's and don'ts for a pregnant woman? (in terms of thinking, behaving, talking, sexual habits, sleeping posture, exercise, household work). Are there any beliefs behind it?

a. Yes

No

b. Do's

Reason. for the same

i.

ii.

iii.

iv.

Don'ts

i.

ii.

iii.

iv.

8. Can you assess whether the pregnant woman will deliver a male or a female baby? Twins? How?

9. What steps are followed to achieve the child of desired sex? (Punsavan vidhi)

10. Do the pregnant women go to the traditional dai or to any other health worker for check up before delivery?

Yes

No

a. If yes, at what time and for what?

b. If no, why not?

11. What treatment do they give for the problems during pregnancy?

Sr. No.	Problems	Where do they go for treatment	Treatment given
1.	Body pain and joint pain		
2.	Dizziness		
3.	Weakness (Anaemia)		
4.	Vomiting/morning sickness		
5.	Swelling (oedema)		
6.	Night Blindness		
7.	Blurred vision		
8.	Worms		
9.	Piles		
10.	Constipation		

Sr. No.	Problems	Where do they go for treatment	Treatment given
---------	----------	--------------------------------	-----------------

11. Diarrhoea

12. Fever

13. Malaria

14. Jaundice

15. Measles

16. Itching in vulva

17. Excessive Vaginal
discharge Red

White

18. Building sensation
while urinating

19. Convulsions

20. Pains in the abdomen

21. Headache

22. Insomnia

12. For which conditions does a dai advise the pregnant woman to go to the hospital for delivery?

13. a. State the cause of natural abortion in your area.

b. How abortion is being done in your area?

14. Details of death of babies in the perinatal period including still births.

1.

2.

3.

4.

15. Reasons for the death of the children

Age Group	Reasons for mortality
0-1 year	
1-5 year	
5-12 year	

CHETNA

2

An All India Study on Traditional Practices in Maternal and
Child Health (MCH)

Questionnaire regarding the Dai (Traditional Birth Attendant)
Activities :

Name of Surveyor :

Date :

Area : Tribal/Slum/Rural/Urban :

Name of the village :

A. Name of the respondent :

B. Caste :

C. Age :

D. Education :

E. Address :

F. Please note your comments and general remarks regarding
the socio-economic status of the respondents family.

Ask the following questions to the Dai

1. i. Can you detect pregnancy?

Yes/No

How?

ii. Can you determine the duration of pregnancy?

Yes/No

How?

2. If a child is born preterm, is there any effect on the health of the child and the mother?

Yes

No

If yes, at what month effects are noticed? What are the effects?

What is done to protect the child?

3. Can you diagnose an ectopic pregnancy? How?

4. How do you identify when the delivery is impending?

5. How do you identify (distinguish) between true and false labour pains?

6. Have you come across post mature deliveries? (after 10 months) Yes/No.

If yes, what do you do about it?

7. What do you do to conduct a safe and easy delivery? Do you advise any of the following? What and Why?

What	Situation	What	Reason
i. Special foods and diet			
ii. Enema			
iii. Exercise			
iv. Massage with oil on the stomach			
v. Special posture			
vi. Medicine			
vii. Dhupan			
viii. Pushing on the abdomen during pain			
ix. Others			

8. What do you do to prepare for a delivery? What special arrangements do you make (ventilation, lighting, etc.)? Why?

9. Which is the best posture for a delivering women?

Posture

Reason

10. Can the dai conduct the following type of deliveries?
(Tick the appropriate answer)

1. Premature delivery
2. If the head comes first
3. Excessive bleeding before labour pains
4. If the legs and hands come first
5. If the umbilical cord is tied around the neck
6. Twins
7. Breech Presentation
8. Transverse Presentation
9. Premature rupturing of membrane (water)

11. In which conditions does a dai advise the pregnant woman to go to the hospital for delivery?

12. How can you find out if the child has died in the uterus?

13. What do you do if there is excessive (more) bleeding before delivery?

14. What do you do if there is excessive (more) bleeding after delivery?

15. What steps do you take if a woman faints after delivery?

i.

ii.

16. When do you cut the umbilical cord? (Tick) Why?

a. Before placenta comes out

b. After placenta comes out

17. a. Who cuts the umbilical cord? Why (Reason)

b. Is the umbilical cord tied or not before cutting?
Reason.

c. What do you use to tie the umbilical cord?

d. With what do you cut the umbilical cord?

e. Is the instrument used for cutting the umbilical
cord treated in any way? Yes No
Why (Reason)

f. How is the instrument treated?

g. At what site do you cut the umbilical cord?

18. Do you apply anything on the umbilical cord after
cutting it?

Yes/No

Why?

a. If yes, what do you apply? Tick appropriate answer.

	<u>Type</u>	<u>Reason</u>
i		
i. Ash (which one)		
ii. Cow dung		
iii. Medicine		
iv. Oil/ghee		
v. Other		

b. What is applied to dry the umbilical cord?

19. If placenta does not come out, what measures do you take? Reason.

20. What is done of the placenta after a delivery? (Tick) Why?

- i. Buried
- ii. Burnt
- iii. Thrown away
- iv. Other

21. From your experience during delivery if there are cuts and tears in the vagina what do you do? Why?

22. Do you give anything to facilitate cleaning the uterus immediately after delivery? What? Why (Reason)

23. Is a woman advised vaginal smoke heat therapy after delivery?

Yes

No

How? (material used)

Reason (Why)?

24. What signs and symptoms are looked for in a new born? Why?

Signs	Reason
i.	
ii.	
iii.	
iv.	
v.	
vi.	
vii.	

25. What do you do if a newborn does not cry?

26. What do you do if a male new born's urinary opening is narrow? Why?

27. What do you do if there is a gland on the neck of the new born? Why?

28.a. Is the practice of cleaning new born infant's following parts followed? When? How? Give reason

	When	How	Reason
i.	Mouth		
ii.	Nose		
iii.	Ear		
iv.	Umbilical cord		

b. What medicines and or materials are used to clean the above mentioned parts of the infant's body? Reasons.

c. When is an infant given a bath? Why?

d. Is a premature baby given a bath? Yes/No.

If yes, when?

CHETNA

An All India Study on Traditional Practices in Maternal
and Child Health Care
Questionnaire regarding the care of a new born baby

3

Name of Surveyor :

Date :

Area : Tribal/Slum/Rural

1. Name of the head of the family :

2. Caste:

3. Name of the respondent :

4. Age :

5. Education :

6. Address :

Family Details

7.	No.	Name and Sex	Age	Relation with main Person	Occupation	Income per Day
----	-----	--------------------	-----	---------------------------------	------------	----------------------

8. Details of death of babies in the perinatal period including still births.

Questionnaire regarding the care of a new born baby

1. What things do you use to clean the new born's body? Tick

A. Why?

- i. Oil
- ii. Soap
- iii. Medicine (specify)
- iv. Cold water
- v. Hot water
- vi. Bengal gram flour and milk cream
- vii. Turmeric powder
- viii. Any other

B. When and How new born baby bathing first time?

2. When do you start breast feeding the infant?

C. When?

A. First, Second, Third, Forth, Fifth

B. Do you remove yellow milk before breast-feeding

Yes No How much? Why?

C. If child is not breast feed from the first day what do you give and why?

3. How long is the breast feeding continued? Why?

4. Is there any difference in the period upto which breast milk is given to a boy and a girl? Reason (Why)?
5. How many times a day is a child breast fed? Reason (Why).
6. How many times do you give water to a child? Do you add anything in the water? How much water do you give at a time?
7. Which are the common ailments/diseases noticed amongst the new borns?

Ailment/disease	Treatment	From whom	Reason
Constipation			
Jaundice			
Colic			
Conjunctivitis and eye infections			
Breathlessness			
Fever			
Diarrhoea			

Ailment/disease	Treatment	From whom	Reason
-----------------	-----------	-----------	--------

Cough and cold
(Respiratory
Diseases)

Distended stomach

Convulsions and
fits

Refusing breast
feed

Any other

a. In addition what other treatment is given e.g. branding, etc.
Why?

b. What treatment do you administer if umbilical cord
gets infected?

8. What treatment using ayurvedic herb is given to protect
the child against the diseases? Which ones? Why?

9. At what age/^{do} you start weaning foods besides mother's milk? Which foods do you give? List the foods given to the child at what age.

List of foods

Reasons why?

10. What are the problems that arise during teething? What treatment is normally given for the same?

Problem

Treatment

Reason (why)?

11. Do you massage the baby? Yes/No

- a. If yes what are the ingredients used in the oil (powder, medicine, leaves)? For how long do you continue this treatment? Which parts of the body? Why?

- b. Who usually does it? Is the practice of putting (kajal) in eyes followed? How do you make it? Why?

- c. Is any other material used for massaging after the oil massage?

Yes/No which one?

d. Mention in detail the method of massaging.

12. What type of water do you use to bathe an infant? Tick

Cold

Hot

Lukewarm

Medicated

13. What are the methods of cleaning the infant's clothes?

14. What are the diseases commonly encountered in an infant below 1 year? From whom do you get treatment? Why?

Sr. No.	Disease	Treatment	From whom	Reason
1.	T.B.			
2.	Tetanus			
3.	Polio			
4.	Pneumonia			
5.	Undernourishment			
6.	Anaemia			

Sr. No.	Disease	Treatment	From whom	Reason
7.	Rickets			
8.	Scabies			
9.	Measles			
10.	Whooping cough			
11.	Diarrhoea			
12.	Boils			
13.	Chicken pox			
14.	Ear infections			
15.	Meningitis			
16.	Fever			
17.	Worms			
18.	Any other			

15. What type of toys are given to the children for playing?
Tick correct answers.

	Toys	Age groups	Reason
i.	Mud		
ii.	Wood		
iii.	Plastic		
iv.	Glass		
v.	Cloth*		
vi.	Bamboo*		
vii.	Any other		

* Describe colour and shape.

- b. Which toys should not be given to the child? Why?

16. Do you determine whether the child's milestones correspond to his age? How?

1. What problems does the mother usually face after the delivery?

Sr. No.	Disease	Treatment	From whom	Reason
------------	---------	-----------	-----------	--------

1. Fever

2. Bodyache

3. Cracked nipple

4. Breast engorgement

5. Swelling(oedema)

6. No breast milk

7. Breast abscess

8. Constipation

9. Excessive vaginal
discharge

10. Excessive bleeding

11. Inversion of
nipple

12. Depression

13. Any other

3. What medicines should be given to a lactating mother who has just delivered a child? Why?
4. For how long after the delivery is the mother massaged with oil? Why?
5. What do you do to improve the quality and quantity of breast milk?

Medicine	Treatment	Reasons
----------	-----------	---------

- 6.a. In what conditions do you advise not to breast feed the child? Reasons (Why)?

b. Mention the test for checking breast milk.

7. What is the diet for the lactating mother? Which special food should be taken (should not be taken) by the lactating mother? Why?

Special foods	Reasons	Normal foods	Reason
---------------	---------	--------------	--------

8. If the mother is unable to breast feed, which milk do you feed to the baby? Why? How?

Type of milk	Reason	How
		(Bottle, spoon, cotton)

Other lactating mother's

Cow

Goat

Any other

9. How long after the delivery, is the mother required to follow certain dietary pattern? Why?

10. What special foods are given to the nursing mother for the first five days after the delivery? Why?

11. What difference in diet is observed for a boy or a girl? For how long does the mother have to follow the required dietary pattern? Why?

12. Are there any special foods for the mother in the case of the first born child? Yes/No.

13. If after consuming the breast milk the newborn vomits and has diarrhoea, distended stomach, constipation. What changes are made in the mother's diet? Why?

Disease	Change in mother's diet	Reason
Diarrhoea		
Constipation		
Colic		
Distended stomach		
Others		

15. What do's and Don'ts do you advise for the following?

	Reasons
a. Posture for breast feeding	
b. Demand v/s scheduled feeding	
c. Night feeding	
d. Burping after a feed	

16. If the new born dies, how do you stop the flow of mother's milk? Or how do you tell...

LIST OF AGENCIES INVOLVED IN MCH SURVEY

SERIAL NO	ABBREVIATION USED	NAME OF AGENCY
1.	JM-MRA	DR. MARIE D' SOUZA JANSEVA MANDAL KORIT ROAD NANDLOORBAR CHOLIA MAHARASHTRA - 425 412
2.	AVR-TN	VD. G.G. GANGADHARAN AVR FOUNDATION CY. AYURVEDA COLLEGE PATAJALIPURA P.O. THADEGAM COIMBATORE - 641 108
3.	SHJA-KRA	DR. KUSUMA SNEHAKUNJA HONNAVAR (T 9) KASAOGD' UTTARA- KANNADA DISTRICT KARNATAKA - 581 342
4.	HIRDA - ORSA	DR. GANGADHAR NAIK HONORARY SECRETARY HEALTH AND INTEGRATED RURAL DEVELOPMENT AGENCY HEAD OFFICE KOTPAD KORAPUT DISTRICT ORISSA - 764 058
5.	VGK-KRA	DR. H. SUDARSHAN VIVEKANANDA GIRIJANA KALYAN KENDRA B.R. BILLS MYSORE DISTRICT KARNATAKA - 576 313
6.	PRAYOG-MP	RAJAGOPAL P.V. PRAYOG TILDA NEORA RAIPUR MADHYA PRADESH - 493 114
7.	CINI-WB	DR. PAPPU CHILD IN NEED INSTITUTE P.O. AMGACHI - 743 512 VIA. JOKA 24 PARAGANAS WEST BENGAL

SL NO	ABBREVIATION USED	AGENCY NAME
8.	CRDP-WB	DR. TUSHAR KANJILAL RANGABELLA COMPREHENSIVE RURAL DEVELOPMENT PROGRAMME SUNDARVAN WEST BENGAL
9.	LS-MP	SHRI MURALIDHAR DHANDRAN LAHOR SAMAJ SEVI SANSTHAN POST - MADANPUR VIA - KHARSIYA JILLA - RAJGADH MADHYA PRADESH - 496 661
10.	PS-RJN	DR. RAJKAMAL PARIKH PRAYOJAN SANSTHAN PALI POST BIJOVA DISTRICT RANI JILLA PALI RAJASTHAN - 306 601
11.	SEWA	VD. VALLABHBHAI DOSHI 21, SEWA MANDAL KASANA MEGHRAJ DISTRICT SABARKANTHA GUJARAT
12.	SWDF-GJT	MRS. SHARMISHTA JAGAWAT SADGURU WATER AND DEVELOPMENT FOUNDATION POST BOX NO. 71 DAHOD - 389 151 PANCHMAHALS
13.	PPST-TN	MR. A.V. BALASUBRAMANIAM PATRIOTIC AND PEOPLE ORIENTED SCIENCE AND TECHNOLOGY FOUNDATION NO.6, IIND CROSS STREET KARPAYAM GARDENS ADAYAR MADRAS-600 020
14.	HOM-KLA	SR. EYMARD S. I. C. HEALTH O MILLION PROGRAMME SAMIMUKKU KADAKKAI (P.O.) QULION DISTRICT KERELA

SL NO	ABBREVIATION USED	AGENCY NAME
15.	SSS-MP	SAMAJ SUDHAR SWAYA DEVI SAMSTHAN SUKHI SIVDHAM P.O. JUHALA (KATTANI) DISTRICT JABALPUR MADHYA PRADESH
16.	CHETNA-GJT	CHETNA 2ND FLOOR DRIVE-IN CINEMA BUILDING THALTEJ ROAD AHMEDABAD-380 054
17.	ADS-MRA	MR. DARSHAN SHANKAR ACADEMY OF DEVELOPMENT SCIENCE P.O. KARJAT DIST. RAIGAD MAHARASHTRA-410 201
18.	VSK-UP	DR. BHARTENDU PRAKASH VIGYAN SHIKSHA KENDRA TEHARI MUFFAI VILLAGE TINWARI P.O. BANDA STREET UTTAR PRADESH - 210 120
19.	GS-UP	DR. ARVIND KHARE GRAMMONATI SANSTHAN MAHOBA - 210 427 GANDHINAGAR UTTAR PRADESH
20.	AG-MRA	AWARE GURUJI AT AND PO BORWAT TA.. PETH - 422 208 DIST. NASIK MAHARASHTRA
21.	ANUKARAN-BHR	MR. J. P. PODDAR ANUKARAN P.O. CHATTRA DIST. HAZARIBAG BIHAR - 825 401
22.	PFC-MRA	SHRI CHAWAN P. F. C. TA. MUKHED DIST. NANDED - 431 712 MAHARASHTRA

SL NO	ABBREVIATED NAME	AGENCY NAME
23.	SURYA-MRA	MR. P. GADBADE SURYA AT DEVKHOP TA. PALGHAR DIST. THANE MAHARASHTRA
24.	MJK-BHR	SISTER PILLAR MAHILA JAGRITI KENDRA IEL GOMIA DIST. GIRIDH BIHAR
25.	PASVK-MRA	MR. MOHAN MUTLYVAR PARAMPARAGAT ANUSHADI SANSODHAN VIKAS KENDRA MALEWADA DIST. GADCHIROLI MAHARASHTRA
26.	RHI-HP	DR. DHARAMVIR SINGH RUCHI SHALANA VIA RAJGARH - 173 101 DIST SIRMOUR HIMACHAL PRADESH

LIST OF ACHARYAS INVOLVED IN EVALUATION OF
C-HETNA/LSPSS M&C SURVEY REPORTS

1. VD. NIRMALA JOSHI
1399, A, SADASHIV PETH
PUNE-30
2. VD. KISHORE SARAF
SIDDHAKALA HOSPITAL
A&P. SANGAMNER
DIST. AHMEDNAGAR
3. VD. B. V. SATHYE
107/8, SUYOG
CIVIL LINES
NAGPUR-440 001
4. VD. SAILESWARI AMMA
SHREESAILAM
MANGAL LANE
KARAMANA
TRIVANDRUM-695 002
5. VD. MEERA BHATT
15-A, AMBAMATA SCHEME
CHARAK MARG
UDAIPUR
RAJASTHAN-313 001
6. VD. R. H. SING
BHU, KAYACHIKITSA DEPTT.
INSTITUTE OF MEDICAL SCIENCES
VARANASI-221 005
7. VD. S. KOPPIKAR
4, HARGUN HOUSE
WORLI
BOMBAY-400 018
8. VD. N. A. MURTHY
GOVERNMENT COLLEGE OF INDIAN MEDICINES
MYSORE-570 021
9. VD. R. M. NANAL
ANAND BHAVAN
MOGUL LANE
MAHIM
BOMBAY-400 016

10. VD. V. M. NANAL
606, SADASHIV PETH
PUNE-411 030
11. VD. LAXMI NARAYAN MAITI
SHRINAGAR VILLAGE
DHALUA PO
24 PARAGNAS
CALCUTTA-700 084
12. VD. K. P. VYAS
GOVERNMENT AYURVEDA COLLEGE
UDAIPUR
RAJASTHAN-313 001
13. VD. V. B. MHAISKAR
5/1, RAVIDEEP SOCIETY
BARODA-9
14. VD. SHUBHADA VELANKAR
35-A/1, ERANDAWANA
ASMITA INDUSTRIAL ESTATE
PUNE-411 038
15. VD. DURGA PARANJPE
78, NARAYAN PETH
PUNE-411 030
16. VD. VISHWANATH SHARMA
PRINCIPAL
SRI VENKATRAMAN AYURVEDA COLLEGE
KUTCHERY ROAD
MYLAPORE
MADRAS-600 004
17. VD. ILABEN DESHPANDE
27, DAHYAKA NAGAR
MEGHANINAGAR
AHMEDABAD-380 016
18. VD. SUDHA VYAS
3/26, JADEJA FLATS
NEAR GURUDWARA
JAMNAGAR-361 001
19. VD. VARSHA WALAVALKAR
C/O. VD. V. M. NANAL
606, SADASHIV PETH
PUNE-411 030

- 20. VD. ANAGHA SHAH
C/O. VD. V. M. NANAL
606, SADASHIV PETH
PUNE-411 030
- 21. VD. DHANESH M. DEDGE
2075, SADASHIV PETH
PUNE-411 030
- 22. VD. SMITA BAJPAI
CHETNA
2ND FLOOR
DRIVE-IN CINEMA BUILDING
AHMEDABAD-380 054

LIST OF SOME OF THE MEDICINAL PLANTS USED BY THE
LOCAL COMMUNITIES

SL NO	SANSKRIT	LATIN	HINDI
1.	AGARU	CALOTROPIS PROCERA	AAK, MADAR
2.	AMRUTA	TINOSPORA CORDIFOLIA	GILOY, GUDUCHI
3.	ASWAGANDHA	WITHANIA SOMNIFRA	ASGANDH
4.	ARUSHKARA	SEMECARPUS ANACARDIUM	BHILAWA
5.	ASHOK	SARACA ASOCA	ASHOK
6.	ATIVISHA	ACONITUM HETEROPHYLUM	ATIS
7.	ATASI	LINUM USITATISSIMUM	TEESE, ALASEE
8.	BALA	SIDA CORDIFOLIA	HARIYAR, KHARENTTEE
9.	BILWA	AEGLE MARMELOS	BEL
10.	BHAARANGI	CLERODENDRUM SERRATUM	BHAARANGI, BABHANAITEE
11.	SAMANGA	HRYOPHYLLUM SENSITIVUM	
12.	CHORAKA	ANGELICA GLAUCA	CHORAA
13.	CHANDANA	SANTALUM ALBUM	SAFED CHANDAN
14.	TVAK DARUSITA	CINNAMOMAM ZEYLANICUM	DALCHINI
15.	JEERAK	CUMINUM CYMINUM	JEERA
16.	DEVADAARU	CEDRUS DEODARA	DEV DAR
17.	DHATAKI FLOWERS	WOOD FORDIA FROTICOSA	DHAY
18.	DURVA	CYNODON DACTYLON	DUBA
19.	SHUNTHI	ZINGIBER OFFICINALE (ROSE)	SONTH
20.	YASHTIMADHU	GLYCYRRHIZA GLABRA	MULETHI, JETHIMADHU
21.	INGUDI	BALANITES AEGYPTIACA (Linn) Delite	HINGUA
	INDRI	BACOPA MONNIERI (Linn) Penell	BARAMI

SL NO	SANSKRIT	LATIN	HINDI
22.	JAMBU	SYZYGIUM CUMINI (Linn) Skeels	JAMUN
23.	MALLIKA	JASMINUM SAMBAC	MOGRA
24.	JATILA GIUGGULU	COMMIPHORA MUKUL	GUGAL
25.	JEEVAKA JEEVANTI	LEDTADNIA RETICULATA (W&A)	DODI SHAKA
26.	KARANJA	PONGAMIA PINNATA PIERRE	DITHAURI
27.	KATUKI	PICORDRHIZA KURROA ROVLE (EX. BENTH)	KATUKA
28.	KHADIRA	ACACIA CATECHU WILLD	KHAIR
29.	KIRAATA - TIKTA	SWERITA CHIRAYITA (ROXB. EX. HOM)	CHIRIATA
30.	KRISHNA - BALA	BALA - SIDA CORDI FOLIA LINN	BARIAAR
31.	KULATTHA	DOLICHOS BIFLOROUS LINN	
32.	KUSHMANDA	BENINCASA HISPADA	PETHA
33.	KUSTA	SAUSSUREA LAPPA (B. CLARKE)	KUTHA
34.	LODHRA	SYMLOCOS PANICULATA WALL	LODHRA
35.	MADHUKA	MADHUCA INDICA	MAHUVA
	MADHOOKA (YASHTIMADHU)	GLYCYRRHIZA GLABRA LINN	MULETHI
36.	MANJISHTA	RUBIA CORDIFOLIA LINN	MANJITH
37.	METHIKA	TRIGONELLA FOENUM GRAECUM (LINN)	METHI
38.	MOORVA	MARSDENIA TENACISSIMA	MOORV BEL
39.	MUSALI	ASPARAGS ADSCENDENS	SAFED MUSALI
40.	MUSTA	CYPERUS ROTUNDOS LINN	NAGAR MOTH
41.	NEEMBA	AZADI RACTHA INDICA	NEEM

SL NO	SANSKRIT	LATIN	HINDI
42.	NIRGUNDI	VITEX NEGUNDO LINN	SAMHAALU
43.	NISHA	CURCUMA LONGA LINN	HALDI
44.	PAATHA	CISSAMPELOS PAREIRA LINN	PAADH
45.	PALAMKASHA	COMMIPHORA MUKUL	GUGAL
46.	PATOLA	TRICHOSANTHES CUCUMERINA LINN	PARVAL
47.	PIPPALI	PIPER LONGUM LINN	PIPALI
48.	PRIYANGU	CALLICARPA MACROPHYLLA VAHL	PRIYANGU
49.	ROHINI	TERMINELIA CHEBULA	HARR
50.	RAJIKA	BRASSICA CAMESTRIS	RAI
51.	RUSHABHAKA	MICRO STYLIS WALLICHI	
52.	SAPTHAPARNA	ALSTONIA SCHOLARIS	CHITVAN
53.	SHAAL	SHOREA ROBUSTA GAERIN	SAAL
54.	SATHAVARI	ASPARAGUS RACEMUSUS	SATAAVAR
55.	TINDUKA	DIOSPYROS PEREGRINA (GAERIN)	GAABH
56.	VACHA	ACORUS CALAMOS	BACH
57.	VARUNA	CRATAEVA NURVALA (BUCHHAM)	BARUNA
58.	VIDANGA	EMBELIA RIBES BORM. FL.	BAAYBIDANG

SL NO	NAME	AGE	REL
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42
43
44
45
46
47
48
49
50

